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ART. I.—*Case of Dysmenorrhœa.* By WILLIAM JOHNSON, M. D.,
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THE recording of medical cases is important in proportion as they elucidate or confirm principles, or throw light upon points which are yet *sub judice*. Opinion is still discrepant upon many of the uterine diseases, and as it is upon the accumulation of recorded facts, that correct practical deductions are to be drawn, I present another case of uterine disease—dysmenorrhœa.

The sufferers from this abnormal uterine affection are by no means inconsiderable. Among the numerous causes leading to its production, I shall merely advert to two of the most prominent. Perhaps the most generally acknowledged cause is cold, producing something like *rheumatismus uteri*; this is by no means an unfrequent occurrence. I believe that this view of the disease was first suggested by the late Dr. Dewees, and its validity has been fully established by the salutary results of an anti-rheumatic medication. Amongst the remedies employed the tincture of guaiac is prominent. I have prescribed it almost from the commencement of my practice, and generally with happy effects, for in my hands it has been the most successful of all remedies employed.

Another cause of dysmenorrhœa has been suggested; and, in my opinion, demonstrated. It is that of extreme narrowness of the canal of the uterus preventing the ready escape of the menstrual discharge, and thus throwing the organ into spasmodic efforts for the ejection of the offending material. This condition of the uterine function is very generally, I think, associated with

sterility. In illustration of the foregoing remarks I shall briefly state a case.

Jan. 6, 1851. Mrs. J., aged 25 years, consulted me upon account of painful menstruation. She had labored under this condition of uterine disease almost ever since her marriage. She was married about six years since, but has never been pregnant. She says that her monthly turns passed over without much suffering, until a little while after her marriage, when she thinks that she took cold, and ever since then her sufferings in all her monthly turns are agonizing. Her pains just before the discharge commences, and for a few hours afterwards, are so severe as to induce a condition approaching to *delirium animi*. After the discharge has continued a few hours her pain subsides, and she becomes comparatively easy, as is common, I believe, in all such cases. The turns are at regular intervals, but the quantity discharged is rather scanty. She had been under a great variety of medical treatment before she sought my advice. From the foregoing history of the case, I very naturally arrived at the conclusion that it was a rheumatic affection of the uterus under which my patient was laboring, and the result of exposure to cold, and that the treatment adapted to rheumatism was that which was plainly indicated. I accordingly prescribed for her the iodide of potassium in doses of five grains three times a day; directed her to keep her feet dry and well protected against cold, and, during the winter, to wear flannel drawers and to be warmly clad. The iodide of potassium was faithfully taken for weeks with no apparent benefit. At the catamenial accessions she took, by my directions, Dewees' prescription of camphor largely, McMunn's elixir of opium, sulphate of morphia, extract of hyoscyamus, and other kindred articles, with very little benefit. The iodide of potassium proving unavailing was discontinued, and the tincture of guaiac used with no better effect. These were the most prominent medicaments employed in the management of this case; others of less acknowledged power were also called into requisition, but without relieving the patient in any considerable degree.

Mrs. J. resided about sixteen miles from me, and always visited me at my own house. She was consequently not seen as often as was desirable. She proposed spending a few weeks with her parents, who reside about four miles from me, in order that I

might visit her daily. She did so; and on the 16th or 18th of June, I commenced paying more particular attention to her case. Finding the treatment which I had heretofore pursued in her case to be unavailing, I began to question the validity of my diagnosis, and to doubt whether rheumatism had anything to do in my patient's severe sufferings. I suggested to her the possibility of an abnormal condition of the outlet of the uterus. She was a lady of much delicacy, and an examination with the speculum uteri, which I now proposed, was so revolting to her feelings that I did not insist upon it. I made an exploration with a small pocket case-director, and it required patient manipulation to introduce this into the uterine cavity. I flattered myself that I had now discovered the real cause of disease, and that artificial dilatation of the uterine canal was the obvious indication. To fulfil this indication, no resource seemed so available as sponge tents. These were prepared according to the directions of Professor Simpson, of Edinburgh, as detailed in *Braithwaite's Retrospect*, No. 21, page 275, to which I refer for particulars. But as some of my readers may not possibly have the work at hand, I will briefly state the manner of preparation. Pieces of soft condensed sponge were cut into a pyramidal shape from three-quarters to an inch and a half in length, and from half an inch to two inches in thickness at their base. These were soaked in water a short time, and all the water then squeezed out, and the pyramids wound very tightly and evenly with very strong thread. Having prepared a sufficient number, they were all placed awhile in the oven of a heated stove until thoroughly dried. They were then taken out and the thread removed from off them. The tents were now dipped in melted tallow which coated them completely, and facilitated their introduction into the *os uteri*. To every tent there was a bit of strong tie thread attached for their removal from the uterus, and a hole left about three-quarters of an inch at their base for the insertion of the uterine director, before winding them into a condensed pyramidal form. This director consisted of a strong wire inserted into an ivory handle, having three-quarters of an inch of the end of the wire bent to an angle of forty-five degrees. At this end was securely placed the sponge tent.

When the instrument was to be introduced, the patient was placed on her back, on the edge of the bed, with her body raised

by a chair placed behind her, covered with a pillow, and her feet resting on a couple of chairs placed before her. The operator, placing his chair between her knees, and seating himself, passes the index finger of one hand to the os uteri, whilst, with the other hand, he carries the director, armed with the tent, into the os uteri. When fairly introduced, the tent is slipped off the director by the finger which is in the vagina, and the patient requested to remain one hour in bed, without moving, in order to allow the tallow to melt off the sponge, and the sponge to expand with the moisture surrounding it, and thus to obviate all risk of its being detached by the motions of the body. The tent is permitted to remain *in utero* for a day at a time, and is then removed. Another, of a larger size, is introduced the following day, and a still larger the succeeding day, and so on until the object of dilatation is accomplished. One week's perseverance accomplished the dilatation in this case. At the end of this period, I could readily pass my finger. I told my patient that she might now return home, and await the issue of the next menstrual period. This period was passed with much less suffering than for years before. I advised her, at her next menstrual period, to have things so arranged, that she should be placed immediately in a semicupium as warm as could be borne, upon the first announcement of its approach. She did so, and resorted to the warm water upon the first warning of the approaching catamenia. Her sufferings were prevented; her discharges became much freer than usual, and she became *enceinte* in the following March. The last time on which I introduced the sponge tent was on the 6th of August. She was then at her parents' on a visit, and I thought it advisable to introduce the tent once more. She employed the semicupium but once.

Remarks.—1. The benefits which Mrs. J. derived from my uterine manipulations were unmistakably great. They converted a case of severe dysmenorrhœa into one of normal menstruation.

2: In my opinion, impregnation was the result of my dilatation of the os uteri. The only objection to this view of the case is the lapse of time between the last introduction of the tent, and impregnation of the patient. This objection does not, however, appear to me to be a very formidable one; although healthy action was taken on by the uterus after the dilatation of the os, might it not be necessary for the organ to accustom itself to the discharge

of a function which it had for years so imperfectly performed, in order that successful impregnation might take place?

3. I shall say a word about the means employed, namely, the sponge tents. Dr. Macintosh used, in numerous instances, waxed bougies, with most astonishing benefit to his patients. He sometimes, if I mistake not, effected at once what it took me a much longer time to accomplish. Professor Meigs has resorted successfully to the same measures. Comparing their processes with those of Professor Simpson, I gave him the preference for the following reasons: 1. The introduction of the sponge tent covered with tallow does less violence to the parts. 2. Dilatation is much more gradually, and therefore more safely, effected. I believe that, by this gradually dilating process, a much greater dilatation can be effected than by any other means.

I have, in numerous other instances, used sponge tents. I have introduced them both with and without the speculum, and prefer the latter plan when it is practicable; the tent is much more readily thrown off when not encumbered with the speculum.

ART. II.—*Translations from Foreign Journals.* By CH. F. J. LEHLBACH, M. D., Newark, N. J.

On the Use of Tincture of Iodine in Variola.—Boinet uses tincture of iodine, externally applied, in confluent variola, and prefers it to mercurial preparations, because it can be applied more readily on such parts as the eyelids, lips, nose, and even on the mucous membrane of the mouth and nose. If the tincture is applied at the beginning of the eruption, when there is nothing observable but red spots, with a little tubercle in the centre, the further development of the eruption is prevented. If vesicles are already formed, the enlargement of the inflamed areola is prevented. If suppuration has commenced, the pustules collapse and assume a more flattened form. Even when the eruption has already attained its maximum height, the pustules rapidly diminish in size, and there is an abatement of the general symptoms. (*Archiv. Belg. de Méd. Milit.*, 1855.)

Pericarditis with Effusion—cured by Iodine Injections.—Dr. Aran

communicates the following case of pericarditis with effusion, which, from the mode of treatment and the result obtained (cured by puncture and iodine injections), is perhaps the only case of its kind on record.

The patient, a foundler, 24 years of age, of somewhat delicate constitution, has formerly suffered from a pleurisy in his left side. On the 27th of July, 1855, after some lingering illness, he presents all signs of pericarditis. Fever; pulse 116; dyspnoea; sharp stitching pain between the fourth and fifth ribs towards the sternum, which is aggravated by pressure; considerable soreness on pressing against the epigastrium; dulness on percussion, beginning above the third rib, and extending to the right margin of the sternum; the heart's impulse noticed with difficulty, its sounds dull and apparently a distance off; condition of the lungs in regard to tuberculosis somewhat suspicious. The patient had six cups (wet) applied, was put under calomel, and had mercurial unctions besides. His condition, however, became more and more dangerous; on the 7th of August he had suffocating attacks, respiration 40, pulse irregular, intermitting, very feeble, 120; exudation has increased much in quantity. Aran now decided to puncture the pericardium, as the exhaustion of the patient, as well as the "*indicatio vitalis*" did not admit further antiphlogistic treatment. He decided upon the method of puncturing by means of a capillary trocar between the intercostal space of the fourth and fifth ribs. After accurate physical examination, the skin in the fifth intercostal space, 2-3 lines from the most interior margin of dulness, was divided by a lancet, the trocar was slowly pushed into the cavity of the pericardium in a direction somewhat from below upwards, and about *two* pounds of reddish transparent serum were discharged. On percussion, the extent of dulness was found to be diminished, the heart's impulse became more distinct, respiration easier, pulse came down to 96. Aran now injected *aq. destillatæ*, *tinct. iod.*, *aa f3iss*, with *potass. iodidi* \mathfrak{z} j. To this operation the patient was insensible. After a few seconds Aran allowed a drachm or two of the injected liquid to discharge, and then closed the wound by graduated compresses and bandage. The relief obtained was of short duration. On the 19th of August a second operation was resorted to, when about three pounds of a greenish liquid escaped, containing albumen.

Another solution of iodine, but stronger than the first, and containing 4 scruples of iodide of potassium, was then injected, and in a little while permitted to escape wholly. During the operation air had found entrance into the cavity of the pericardium; until August 28th dulness, as well as the other alarming symptoms, diminished. Meantime, tuberculosis was developed in the left lung, and general œdema appeared toward the end of September. By means of a large number of blisters applied on the chest and the use of vapor baths, the œdema disappeared at the end of October; the patient became reconvalescent, and is now entirely well, with the exception of a night cough. (*Gaz. de Hôp. Médic., Neuigkeiten*, April, 1856.)

Chemical Researches on the Brain.—E. von Bibra has published a work, stating the results of a series of chemical examinations of the cerebral substance. We will give a short abstract of the principal results of his labors in a field in which, since the labors of Schlossberger, almost nothing has been done.

Within certain limits the amount of cerebral fat in men and animals is constant. Diseases, which diminish the quantity of fat in the rest of the body, are not followed by the same result in the brain. Fattening of animals does not increase the amount of fat in the brain. The brain of man contains a larger amount of fat than that of the other mammalia; the brain of the latter more than that of birds; that of birds more than that of amphibia and fishes. In all mammalia, including man, and in the bird the medulla oblongata contains the largest amount of fat. The hemispheres have absolutely and relatively more fat in man than in the mammalia, and in the latter more than in birds. The total amount of fat is less in old age; the amount of water and solid substances declines as the amount of fat increases. The quantitative relation of the albuminous substance in the brain is most variable. The smaller amount of fat is replaced by albumen in mammalia, by water, on the contrary, in birds. From these facts, the importance of the cerebral fat, as regards the function of the organ, cannot be doubted; they prove that, although the physiological signification of the brain does not depend upon the fat alone, yet it is to a great extent influenced by it; they prove that the fat is an integral constituent of the brain, to the functions of which it bears the closest relations, and that it is destined to play a far different part in the

brain from what it does in most other organs of the animal body. Von Bibra has found the following fats in the brain: 1. Cerebric acid. 2. Cholesterin. 3. A number of fatty acids of extraordinary difference in their fusing points. They are present in the different classes of animals, and even in the various parts of the same brain in very different proportions. Animals possess less cerebric acid than man. The gray substance contains least cerebric acid, medium quantities of cholesterin, and a preponderating amount of other fats; the white substance contains more cerebric acid and cholesterin than the gray, but less of the other fats. These varieties of fat are found in all mammalia, birds, amphibia, and fishes, but their quantities could not be exactly determined. In the child and the human foetus the amount of cerebric acid is less relatively than in the adult; the same is true of the lower animals. The alkalis which are found in the brain seem to be united to a part of the cerebric acid so as to form a soap, insoluble in water. The ashes of the brain are of a very strong acid reaction in consequence of the presence of a large amount of phosphoric acid which existed in combination with cerebric acid. The watery extract of the brain of men, as well as other mammalia, contains none of those crystalline substances which have, up to the present time, been found in other parts of the organism; it contains lactic acid, perhaps another volatile acid, the volatile fatty acids, albumen, modifications of albuminous substances, and, finally, two nitrogenous substances, of which one is soluble in water alone, the other also in alcohol. The constituents of the ashes of the brain are the same as of other organs of the animal body; as regards quality, this fact is observed in all classes of the vertebrate animals. The quantitative relation of potash and soda is pretty well intermediate between the ashes of muscle and blood, but potash is somewhat preponderating. Sulphates are almost entirely absent, and the amount of chlorine is very varying. In the mammalia, including man, the medulla oblongata contains more phosphates than the other portions of the brain. The brain of birds contains more inorganic constituents than that of man and the mammalia in general, while the brain of amphibia and fishes contains still more.

The quantity of phosphorus in the cerebral fat is the same in man, mammalia, and birds, viz: 1-3 p. c. In the insane, it does

not transgress the medium number, nor in very old or very young individuals, or embryos. The fat of the gray substance has somewhat more phosphorus than that of the white. The phosphorus is probably one of the constituents of the cerebrie acid. Phosphorus has not been shown to be a reagent of so-called mental force. Although, from what has previously been stated, it is obvious that the higher animals have more cerebral fat, and, consequently, more phosphorus, other investigations lead to the result that the fat, as a whole, plays a more important physiological part in the function of the brain than the phosphorus, which is one of the constituents of this fat.

The difference in the two substances of the brain may be expressed as follows: The gray substance contains less fat, but more water; in the white substance are found more solid constituents, more cerebrie acid, and more cholesterin. In the unconscious new-born, the cerebral fats are present neither to such an amount as in the adult, nor are they distributed in their normal proportion through the gray and white substance as in the adult. But the amount of phosphorus in both is nearly as in the adult.

In the brain of three insane (*paralysie générale*, *mania chronica*, *melancholia*), the author has found no deviation. In the foetus, the brain has considerably less fats and albuminous constituents than in the adults. The amount of fat is already more in the new-born, and increases rapidly with advancing age.

The relation of the weight of the brain to the weight of the body, is not disturbed by fattening or starvation, showing that the process of nutrition in the noblest organ of the animal body goes on almost uninterrupted, under circumstances in which all the rest of the organism is called into sympathy. (*Med. Neuigk.*)

Bloodletting in Pneumonia.—Prof. Wunderlich has published his observations on the effect of bloodletting in pneumonia, in Vierardt's *Archiv. für Physiologische Heilkunde*. In the course of five years, there were observed, in his clinique, 204 cases of pneumonia, of which 36 (17.06 p. c.) terminated fatally. If we deduct those who were brought into the hospital in a dying condition, we obtain, for 190 persons attacked by pneumonia, 22 deaths (11.57 p. c.). Among those who died, there were three who had been treated by venesection—among the recovered, 44; hence the

mortality among those who had undergone venesection is 6.38 p. c. The three that terminated fatally among those that had been bled, were complicated cases. In 114 cases, there occurred from some part of the body (not taking into consideration the lungs) a hemorrhage, either artificially by venesection, local depletion, or spontaneously (epistaxis, menstruation). Of these, 9 died (including the three already mentioned), or 7.89 p. c. In 76 cases, there was neither an artificial nor a spontaneous loss of blood; of these, 13 died, or 17.10 p. c. Prof. W. corroborates the testimony of other observers, showing that early venesection has a most decided effect in ameliorating the disease, while the later it is resorted to, the more undecided are its beneficial results. (*Medic. Neuigk.*)

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. III.—*New York Pathological Society.* Reported by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, March 12, 1856.

Rum Stomach.—Dr. T. C. FINNELL presented three *stomachs*; two of them were removed from persons of habitually intemperate habits—the larger one is from a man who had been freely drinking brandy for two weeks previous to death. He was found dead in his bed. On examination, it exhibits a dark, slate-colored appearance, with much venous congestion of the mucous membrane. The other is from a gin drinker, who was also found dead in his room—the stomach resembles what is commonly recognized as the “rum stomach.”

Stomach inflamed by Cyanide of Potass.—The third one on the table was obtained from a man who committed suicide by taking cyanide of potassium. In three minutes he was insensible, and died in twelve minutes. It simply presents a fiery red appearance.

Hydatids of Liver—Tubercles—Hæmoptysis—Sudden Death.—Dr. FINNELL next presented a specimen of *hydatids of liver*, tubercles of lungs, miliary tubercles on mucous membrane of trachea, profuse hæmoptysis, sudden death.

John Fungsworth, aged 27 years, born in England, enjoyed good health until Jan. 1836, when he first complained of pain in the side, attended by cough. He continued to work daily, until the evening of Saturday, March 8, when copious hæmoptysis occurred in sufficient quantity to fill, in a few minutes, an ordinary wash-bowl. Dr. Stephen Smith being called, found him suffocating from blood in the air-passages. The respiration soon ceased, though the pulse could be felt at the radial artery for a short time after. The suddenness of his death led to the belief that an aneurism of the aorta had burst into the trachea.

The *autopsy*, thirty-six hours after death, disclosed the lungs filled with tubercles; the superior lobe of the right firmly adherent to the walls of the chest, consolidated, and containing several cavities. One of these was filled with blood. It is probable that from this one the hemorrhage had its origin. The left lung contained a less amount of tubercular matter, its lower portion being perfectly healthy. The trachea was intensely congested from the larynx to the bronchi, and contained beneath the mucous membrane miliary tubercles in abundance.

On examining the liver, a large accephalocyst, or hydatid, was discovered in the anterior border of the right lobe, close to the umbilical fissure; it

measured two and a half inches in diameter, and consisted of a thick fibrous sac, inclosing an albuminous membrane, very delicate in texture, and not adherent to the outer one. Both were separated from each other by an effusion from the inner wall of the fibrous sac, which appeared to be blood and bile mixed together. The echinococcus, usually met with in these cysts, were not discovered, although submitted to a careful microscopical examination.

Pneumonia of Superior Lobe.—Dr. LIDELL presented the *right lung*, in the second stage of *pneumonia*, obtained from a patient admitted into Bellevue Hospital, who attempted suicide, by cutting his throat. On examination, the pneumonia is seen to be confined to the upper lobe. He complained at no time of pain in the chest, and had no cough or expectoration.

Cirrhosis of Liver—Bright's Disease.—Dr. D. S. CONANT presented the *heart, liver, and kidneys*, removed from a patient aged thirty-one years, born in Rhode Island. About fourteen years since, he removed to Charleston, South Carolina. For twelve years he enjoyed good health, when he had an attack of yellow fever, and from that time has never been well. The skin has been yellow, and the general tone of the system very much depressed. He remained in this state until two months previous to death, when slight oedema of the lower extremities and of the eyelids occurred, followed by general anasarca shortly after. The skin of the lower extremities became enormously distended. The scrotum also increased to the size of his head, and the whole integument of the lower extremities became of a dark purple color. He also had considerable ascites, which led to the supposition that the liver was the seat of the disease. He died on the 4th instant, apparently from exhaustion—his intellect being perfectly clear to the last.

Autopsy, four hours after death. The lower extremities had become somewhat reduced in size, and the scrotum entirely evacuated by acupuncture. The integument, generally, was of a dingy yellow color, much darker upon the lower extremities, with slight abrasions. The eyelids were not swollen; the pupils were equally dilated, without peculiarity.

The upper lobe of the left lung was found hepatized with some slight pleuritic adhesions. The right lung was found completely adherent to the costal parietes. In the pericardium were some six ounces of serum. The ascending aorta was partially lined with atheromatous deposit, and to a small extent affected the aortic valves. The liver was in a cirrhotic state throughout—the capsule of Glisson being in the early stage of contraction.

The kidneys were found much congested, and Bright's disease strongly suspected.

Tumors of Brain.—Dr. CONANT next exhibited three *small tumors*, for Dr. A. K. Gardner, taken from the *brain* of a female. [Case not reported.]

Autopsy six hours after death. Brain only examined. No marked external appearances. Pupils equally dilated. Upon removing the calvaria, a slight point of adhesion was discovered upon the right side under the parietal eminence, between the dura mater and skull, adhering to the dura mater beneath, and corresponding to the point was a small tumor, about half

the size of a pea; and upon the optic chiasma was another of the same kind of tumor, half the size of the former, and attached to the sheath of the nerve. The hemispheres of the brain were apparently healthy; but, upon dissecting down to the ventricles, the corpus striatum of the right side appeared entirely flattened, and a slight sense of fluctuation was discovered. A little dissection discovered the entire corpus disorganized by an abscess. The left corpus striatum appeared healthy externally; the same disorganization was apparently commencing internally. The right optic thalamus contained the largest of the three tumors, about the size of a peanut; the left optic thalamus contained the smallest of the three tumors about the size of a large pea; and the medium sized tumor was discovered in the pons Varolii, low down upon the right side.

Dr. Bronson made a microscopical examination of the tumors, which were composed of fat, and a great number of slightly caudate cells.

Orbital Tumor.—Dr. G. Buck presented a tumor removed from the orbit of a child, five years old, of healthy constitution. It was first observed by the parents two months ago, situated on the upper lid, and movable. Of late it has rapidly increased, though from the first unattended with pain, nor was vision at all impaired. When first seen by Dr. Buck, the upper lid was distended and protruded so far as to conceal the eye; its surface was livid and of a purplish hue, and movable over the swelling, which was elastic in feeling, somewhat resembling fluctuation. It was thought advisable to remove the tumor, which was accordingly done, after etherizing the patient, by dividing the lid perpendicularly throughout its whole extent above the brow. It was found loosely attached to its membranes, and no difficulty experienced in its removal, which was mainly accomplished by the handle of the knife. It seems fatty in consistence and appearance. He thought it remarkable from its locality and rapid growth.

Dr. CLARK had examined the tumor with the microscope, and would state what he observed.

Dr. CLARK found it to exhibit three distinct elements; the first and most abundant consisted of caudate corpuscles, the cells were elongated, and seemingly as if about to be formed into fibres, the cells packed together, their long axis lying in the same direction. Another portion consisted of small rounded granular cells; and these granules, nothing more. It might be classed under that division called recurrent fibroid tumors. It would be interesting to follow the future progress of the case, and he hoped Dr. Buck would again report to the Society respecting it.

Fracture of Skull.—Dr. WM. H. VAN BUREN exhibited a specimen of fracture of the skull, occasioned by a blow, involving a rupture of the middle meningeal artery, disorganization of the brain with production of pus. (No history given.)

Melanotic Liver, Cancerous Surfaces of Heart, Lungs, and Kidneys.—Dr. A. CLARK presented a specimen of cancerous disease (melanotic variety) of the liver, very similar to one brought to the notice of the Society about a year since by Dr. Sayre, though not so large, this weighing some 16 or 18 pounds,

while the one shown by Dr. S. weighed 23 pounds. The specimen was sent to him by Dr. JOHN TURNER, of King's County Hospital, who writes that little is known of the history of the case; the patient stated that about a year since he first experienced difficulty of breathing. Four months ago he was attacked with pain in the right side, for which he was cupped, &c. The left eye was affected at the same time, and sight was soon lost. The liver rapidly increased in size, and after admission to the hospital, his limbs became anasarcaous, bowels loose, assumed the cancerous cachectic appearance, and soon sank. The *autopsy* revealed the liver everywhere covered with melanotic deposits of various sizes. The heart is also dotted over with minute spots of black cancer, the lungs and kidneys also were dotted with a similar substance.

Perforating Ulcer of Stomach.—Dr. J. FOSTER JENKINS presented for Dr. E. H. PARKER a specimen of simple perforating ulcer of the stomach situated in the upper anterior portion of the organ near its lesser curvature. It was on the mucous surface about one-half inch in diameter, and nearly circular. On the peritoneal surface it was oval, its diameters being one-quarter and one-eighth of an inch. Its appearances were those usual to this pathological condition. The following history, meagre as it is, is all that could be obtained by the coroner called to make the investigation into the cause of death.

The subject was an Irish woman, about 35 years old, who died March 8th, the autopsy being made 26 hours after death. Since the birth of her last child, now six months old, she had not felt entirely well. On the 4th of March she complained of a "pain inside," but kept about the house until the 7th, when she went to bed with "severe cramps" over the whole abdomen, and extreme mental anxiety about not passing urine, of which it is alleged there was none for the last day or two. The cramps increased with "choking and smothering" (as the witnesses said) until death, which occurred at half-past eleven o'clock the next morning. During the last 24 hours she drank, according to her husband's statement, about two water pails full of tea. About six quarts of fluid were found in the peritoneal sac made up of fluids taken as drink, serum, and half a pint of pus. Evidence of extensive acute inflammation existed throughout the whole peritoneum. The intestines were largely distended with flatus. The bladder was empty; the liver of a very light color. The stomach was about one-third full of ingesta, as castor oil, food, &c. Beside some old and firm pleuritic adhesions, the other organs were healthy.

Cirrhosis.—Dr. LIVINGSTON presented a specimen of cirrhosis:—

Cirrhosis—peritonitis.—Hugh McMullen, æt. 43, carpenter by trade, regular and temperate in his habits, consulted me about the first of January for an uneasiness he felt in the epigastrium. He raised large quantities of wind, his appetite was not so good as usual, and food seemed to distress him some hours after eating. About this time, he experienced a swelling in the epigastrium, which was sore under pressure, and made it difficult for him to stoop forward. In the course of a couple of weeks, he was forced to abandon

his work, solely on account of the increasing difficulty of stooping; the swelling increasing all the time. His bowels acted regularly all the time, and I may here remark they have continued to move regularly every day up to his death.

His pulse was regular, respiration good; countenance rather sallow, but not jaundiced. He now began to vomit more or less every day; only certain articles of diet would lie upon his stomach. About the first of February, fluctuation was distinct in the upper regions of abdomen. He now experienced tenderness over the region of liver, but pain nowhere else. He was quite dispirited and desponding. The urine was very scanty, and deposited a thick sediment, but became clear after adding nitric acid, and also by heat. Being now pressed for an opinion by his friends, I was compelled to give an unfavorable prognosis, and solicited the counsel of Professor Parker.

Dr. Parker saw him February 8, and after examining the patient, indorsed my diagnosis of hepatic dropsy. He thought there was rather too much tendency of the region of the liver to be scirrhus, and that he would die within two months. From this time to his death very little change took place in his appearance or feeling. The abdomen increased somewhat; the appetite poor, vomiting almost everything. No particular pain, but general uneasiness. March 11th, he got up about eleven A. M., put his pants on himself, and set up for some hours. About 6½ P. M., he walked to the bedroom, and sat down upon the edge of the bed; his son was standing by to assist. His wife just left the room a minute, when the son screamed, and she rushed to his assistance, and found him thrown back upon the bed, his feet upon the floor, and quite dead.

Post-mortem, March 12th, 1856, 17 hours after death, 12 o'clock M.—*Rigor mortis* well marked. *No discoloration* upon the surface of the body save around the left ear. *Emaciation* not very marked. *Abdomen* much distended, particularly in the region of epigastrium. Introduced a trocar into the cavity on left side, about midway between umbilicus and spinous process of ilium, from which flowed about two quarts of light straw-colored serum, which almost entirely coagulated by heat. The abdomen, as now felt, gave the impression of a large, solid tumor, filling a large portion of its cavity. Upon opening into the cavity, the *peritoneum* was found to be very much thickened throughout its whole extent. The *intestines* were bound together, so as to be scarcely separable. The *mesentery* so thickened and firm as to feel quite like a multilobular, fibrous tumor, and at once explained the cause of the sensation experienced after handling the surface of the abdomen. The abdominal cavity was divided into many cyst-like compartments, by means of fine adhesions, all of which contained fluid, differing but slightly from that first drawn off. A sort of *honeycomb* arrangement, occupying a space between the stomach and diaphragm, contained a thin jelly-like substance of a deep amber color, not unlike that found in ovarian dropsy. The whole amount of fluid found in this cavity was about 24 pints. The stomach was large and empty, otherwise healthy in appearance. The liver, spleen, pancreas, and kidneys were removed for examination. Upon opening

the thorax, the *right* pleural cavity was found to contain about two quarts of serum, in appearance resembling that found in the cavity of abdomen. The right lung was apparently healthy. The pericardium contained full a pint and a half of serum, and extended up to the apex of left lung, the supine border of clavicle. The pericardium was much thickened, as was also the right pleura. The left lung was not larger than a small-sized fist, and was so thoroughly glued to the pleura costalis that it could not be separated without lacerating the substance of the lung. The heart was removed for inspection.

BIBLIOGRAPHICAL NOTICES.

ART. IV.—*The Causes and Curative Treatment of Sterility; with a Preliminary statement of the Physiology of Generation.* With colored lithographs and numerous wood-cut illustrations. By AUGUSTUS K. GARDNER, A. M., M. D., &c. &c. &c. Pp. 170. New York: Dewitt & Davenport, Publishers, 1856.

THE importance of the subject of this work is very great, and we fully agree with the author that sterility is, in far the greater number of cases, the consequence of disease, and that very often the disease may not only be alleviated, but entirely removed. To many families, the necessary result will be.

⁶⁴ "A baby in the house, a well spring of pleasure,"—

and we have no doubt, in some instances, peace and happiness, where before were bickering and strife.

As to the execution of the work: Its *mechanical* execution, both in paper, type, and illustrations, is faultless. In respect to the latter, we complain of a redundancy of colored lithographs. It seems to us that Plate V. might have illustrated all that can be learned from the Frontispiece, and that a *plain* lithograph, not to say wood-cut, might have answered for both. Such prints, unless *absolutely necessary*, are too bold, even in a strictly professional work. As to the text: There are some errors in composition, to which, however, one of our contemporaries has called attention, which we hope will be corrected in a second edition. The subjects are presented in a very plain and simple manner, though they might be a good deal elaborated profitably. The latter part, the *Therapeutics of Sterility*, we have not been able to examine as closely as we should wish. We know Dr. Gardner of old, to be a strenuous advocate of the use of the speculum, and we think very properly so in appropriate cases, of which many will be found among women who are sterile. There is a want of precision in the wording of prescriptions, which we have had frequent occasion to speak of in medical works. For instance:—

"B.—Sub. Nit. Bismuth, grs. x.
Aq. Rosæ 3j.
Aq. Puræ 3v.
M."

should be written.

R.—Bismuthi subnitras, gr. i ;
Aq. rosæ, ℥j ;
Aq. puræ, ℥v ;

To sum up: We like the book, on the whole. It is good in its conception, and pretty good in most of its details. We dislike the frontispiece, and the heavy gilt lettering on the side is uncalled for. While reading the book—

and it takes us a good while to read even so small a book—we have had to keep it poked around in corners and under newspapers to keep it out of the sight of women and girls who would rather not read it, but whose curiosity could scarcely resist so much display of a subject that almost every one is more or less curious about. We anticipate great improvements in a second edition, which we hope will in due time be called for. The field is a legitimate and important one, and should be well cultivated.

The same publishers announce as forthcoming a work by the same author, entitled "*Abortion and Miscarriage, their Causes, Effects upon the Constitution, and Methods of Arresting,*" with wood-cuts and lithographs; also W. Tyler Smith's new work on *Obstetrics*, which is to be edited by Dr. Gardner.

ART. V.—*Materia Medica, or Pharmacology and Therapeutics.*

By WILLIAM TULLY, M. D.

THIS work has reached its seventeenth number and 1098th page without completing its first volume. There is a very great improvement in the later over the earlier numbers of the work in respect to typographical execution. With a few of the first numbers we could have no patience. They were horrible, and it seemed pitiful that so much learning should be clothed in so ragged a dress. This work is one of great learning and ability; it is, in fact, severely learned, but, we doubt not, that if it could be revised by the author, and published in volumes, it would rank high among our works on *Materia Medica and Therapeutics*. The work is published monthly by subscription, at 25 cents a number, or one dollar for every four numbers. Address Jefferson Church, M. D., Springfield, Mass.

ART. VI.—*The Louisville Review, a bi-monthly Journal of Practical Medicine and Surgery.* Edited by S. D. GROSS, M. D., and T. G. RICHARDSON, M. D. Terms, \$3 00 per annum, *always in advance*. Each number contains 144 pages.

WE announced this work some months ago, and have now before us the first and second numbers, for May and July. It appears under very favorable auspices, and makes a creditable appearance. The *Review* department of the work is an exceedingly important one, and one in which we are wanting on this side the Atlantic. Two years ago (vol. vii. p. 201) the *REPORTER* advocated the establishment of an American Medical Review, and we hope that this department of the work will be cultivated, while the lighter literature of the profession will not be neglected.

What effect the removal of Dr. Gross to Philadelphia will have on the *Review*, remains to be seen. We wish it eminent success, as it seems to be in all respects a creditable work.

EDITORIAL.

REGISTRATION LAWS.

THERE is great want of uniformity in the registration laws of the several States of the Union, who have adopted them, and their utter inefficiency in accomplishing the very desirable objects contemplated by their enactment, is a stereotyped matter of complaint in the reports to our State legislatures. The vast importance of these laws is admitted by all intelligent men, and it is to be hoped that ere long some uniform and efficient plan will be adopted to execute them. The responsibility of collecting the necessary facts should be centred with some one sufficiently competent to make an intelligent record of them, and sufficiently *well paid* to make it an *object* to present complete records. This person should be an officer of the law, amenable to the law, and bound in sufficiently heavy penalties for non-performance of his duties, to serve as a check upon their neglect.

Herein is one great source of difficulty, that the person who really performs most of the labor of collecting these facts, not only gets no pay for his trouble, but is liable to heavy penalties if he neglects the duty the law imposes on him. This is almost as bad as "taxation without representation." For instance, we believe that the registration laws of most of our States, in which such laws exist, require the physician to keep a record of births that occur in his practice, and report them to the town or city clerk, who, for recording them receives a fee, while the physician who neglects to report is liable to a heavy fine for neglect of duty, and receives nothing for his pains.

The Connecticut law—we infer from the report of the State Librarian to the General Assembly of that State for 1855—gives the physician a fee of twenty-five cents for each case recorded by him. The laws of Massachusetts, Rhode Island, New Jersey, and Kentucky, pay the registrars, town clerks or assessors, but not the physician. But we learn from the report of the State Librarian

of Connecticut, that even the compensation to physicians of twenty-five cents a name is not a sufficient inducement to comply with the requirements of the law. Something else is wanting. We believe that the physician should have a moderate compensation in *some* shape. Very few high minded physicians, however, will accept a direct compensation; then can it not be made to them by remitting State, county, or township taxes to a certain amount, *or by furnishing them with well bound books containing blanks for recording the births that occur in their practice, for their own use?* This would be a positive inducement to them to keep records, as they would feel a personal interest and pride in seeing these facts accumulate year after year; and the clerk, assessor, or registrar could easily transcribe from the physician's own records, those needed for the township, county, or State. The same plan might be adopted with clergymen and sextons. Heavy penalties should, in addition, be imposed on all the parties concerned, for neglect of performance of duty, for they being virtually officers of the law, should be amenable to the law.

Our State laws, where such exist, impose the duty of drawing up the registration reports, and presenting them to the legislature, upon the Secretary of State, State Auditor, or Librarian. But these persons being generally incompetent to perform the duty, and moreover, the duty being burdensome in addition to their other labors, the work, after the necessary material is placed in their hands, is seldom if ever well performed, unless the task is imposed on some other party, generally a physician, who, aware of the importance of the work, is willing to give his time and labor to the State. South Carolina, however, very properly appoints a registrar general upon whom these duties devolve, and who is supposed to be selected in view of his capability properly to discharge the duties of his office.

If Massachusetts ever adopts the Health Act, recommended to the legislature by the Sanitary Commission which made such a creditable report in 1850, it will possess the most complete health act in this country, if not in the world. It is matter of sincere regret that six years should have elapsed without any advance toward the adoption of so thorough a sanitary law in so enlightened a State. As it is, however, with the single exception of the registrar general provided by the law of South Carolina, Massachu-

setts is the banner State of the Union in the matter of registration laws.

In another part of this number, we copy from a New York paper a communication, evidently written by a physician, criticizing the operation of the New York registry laws.

OUGHT THERE NOT TO BE A HOSPITAL IN NEWARK?

Newark, the largest city in this State, has a population of over 50,000, most of whom are operatives in her extensive manufactories and machine shops, or engaged in other mechanical pursuits. To show that she has some claim to be regarded as a Christian city, she can point to her sixty churches, many of which are splendid and costly structures—so splendid, and so costly, that they are instinctively shunned, rather than resorted to, by the poor, to whom Christ preached the gospel. To attend to the wants of the sick of Newark, there are some fifty or sixty practitioners of medicine. Now, we believe it to be a fact, that this city, with all her population, her manufactories, her churches, and her physicians, is without a hospital or even a dispensary for the purpose of furnishing gratuitous advice and medicines to the sick poor. Nor is there, so far as we know, an initiatory step taken towards the establishment of either of these public charities. Now, the wants of the poor must be attended to when they are sick. They must have medical advice and attendance—must have medicine, food and nursing. The burden must fall somewhere. If the city denies them hospital or even dispensary privileges, they must look elsewhere for sympathy and aid. The medical profession, we feel assured, in accordance with the spirit that ever actuates them, supplies advice and attendance gratis, where it cannot be paid for—nay, more, they undoubtedly often supply medicines from their own stores gratuitously, for which they themselves have to pay money. But advice and medicine are not all that the sick need; indeed, they often avail little without good nursing. We all know that the families of the poorer classes are often in such circumstances as to be unable to furnish their sick with the necessities, much less the comforts of a sick room. A large, and very important part, therefore, of the burden and care

of the sick poor of Newark, falls upon themselves, and, under the circumstances, it is not possible for them to have that attention which will insure the most rapid and perfect recovery from the depressing effects of disease. When it is considered that the loss of every hour of time of its artisan population, is an actual diminution of the aggregate income of a community, it would be easy to prove that, on the score of economy alone, it would be to the advantage of a city to provide for her sick such accommodations as would favor their speedy and perfect recovery from diseases and their consequences.

The question now arises, who is responsible for this state of things? To whom does the public eye turn to take the initiatory steps in enterprises of this kind? Is it not a fact that in nine cases out of ten this responsibility devolves on the medical profession? We think it fair, therefore, to ask the medical profession of Newark why they do not act in a matter with which the prosperity and the fair fame of their city are so intimately connected. Is there not sufficient unity of sentiment among themselves, to enable them to urge so important a measure as the establishment of a hospital, or, at least, a dispensary, upon the authorities and citizens of Newark? We fear that this is too much the case, and that there is a lack of that *esprit de corps* among them, which is requisite to originate a grand enterprise. We believe it to be a fact that there is no local medical organization in Newark, apart from the Essex Co. District Medical Society, whose meetings are held but once a year, and with very little life and spirit, if we may judge from the importance they attach to their proceedings, which we believe have been offered for publication but once in the six years that we have been connected with the REPORTER. If the profession of Newark would unite and form a *city society*, and hold their meetings once a month, or once in three months, we do not think it would be long before something would be done toward providing for the wants of the sick poor of that city.

The humanitarian spirit of the age calls for the speedy establishment of a hospital in Newark, let who will be responsible for the first movement towards it.

PROFESSORIAL CHANGES.

The present season has witnessed more changes than usual in the medical schools of different sections of the country. In our last was announced the resignation of Dr. Mütter and the election of Dr. Gross in the Jefferson Medical College of Philadelphia. Dr. Austin Flint has resigned the chair of Medicine in the University of Louisville, which he has occupied with much ability for four years, and has accepted the professorship of Clinical Medicine and Pathology in the University of Buffalo. In the University of Louisville, Prof. Rogers has been transferred to the chair vacated by Prof. Flint, and the chair of Materia Medica is now occupied by Dr. Robert J. Breckenridge. Dr. T. G. Richardson, Demonstrator of Anatomy in the same school, has resigned his post, and it has been filled by the election of Dr. Archie Cook, late Prof. of Anatomy in the Kentucky School of Medicine.

The latter school has lost Drs. Breckenridge and Cook, transferred to the Louisville University, and Dr. L. M. Lawson, who has resigned and resumed the practice of his profession in Cincinnati. It has gained Drs. T. S. Bell and Marshall, and Dr. T. G. Richardson, of Louisville.

We learn from the *American Medical Monthly*, that on the resignation of Dr. Gross in the University of Louisville, the chair was offered to Prof. Eve, of Nashville, who declined accepting it, then to Dr. Ethelbert Dudley, who also declined it, and finally to Dr. Joshua B. Flint, of Louisville, who accepted. The vacancy occasioned in the Kentucky School is filled by Dr. Richardson, late demonstrator of Anatomy in the Louisville University.

Dr. Ackley has resigned the chair of Surgery in the Cleveland Medical College.

The University of Buffalo has been strengthened by the accession of Dr. Austin Flint, as above, and of Dr. Edward M. Moore, of Rochester, to the chair of Surgical Anatomy and Surgical Pathology, without the loss of any by resignation.

In February last Dr. E. H. Parker, Professor of Anatomy in the New York Medical College, sent in his resignation of the chair occupied by him in that Institution. Other engagements, inconsistent with the duties of a public teacher, and somewhat

unexpectedly devolved upon him, made this step necessary. The resignation has not yet been accepted, but as it is insisted upon by Dr. Parker, it undoubtedly will be, and a successor soon appointed.

PLURAL BIRTHS.

The command, "increase and multiply," seems to have received a new impetus, since Barnum introduced the precedent of offering premiums for the fattest, chubbiest, handsomest babies, and *the most of them*. But, it may be that Barnum has not had so much to do with the matter as a fixed law of nature which, according to Denman, renders some years more prolific than others, in the animal as in the vegetable kingdom; and further, that these prolific years are coincident. We have, during the last year, accounted to our patients for the unusual number of births, that the season had been prolific in the vegetable world, and called for a correspondent effect in the animal world. Within the past year we have had three cases of twins—all boys—in our own practice, and another physician of this city has had the same number of cases in a population of about 5000.

A brief glance at the statistics of plural births, before citing a few recent cases, will be interesting. According to Ramsbotham, the average of twin cases varies in different parts of the world. Some think that climate, the degree of civilization, and hereditary predisposition have an influence in causing plural births. Dewees thought that there were more plural births in America than in Europe; while Collins was of opinion that they were nearly a third more numerous in Ireland than in any other country.

TWINS.—As to the *frequency* of twin births: According to statistics kept by fourteen different observers in Europe and in this country, there is one case in about 81.

TRIPLTS.—Instances of triplets are, of course, much less frequent; according to some they are supposed to occur once in 4 or 5,000 labors; but Ramsbotham thinks this much too high an estimate, as in his record of 46,996 births, there were but three cases of triplets, or one in 15,665. Cazeaux says: "Triplets are very rare, since there were but five in the records of 36,441 births that occurred at La Maternité in Paris," being one in 7,288. According to Churchill's more elaborate statistics, there were, in a total

of 448,998 births, 77 cases of triplets—being one case in 5,831. The average of the whole gives one case of triplets in 6,263, or 85 cases in 532,435 births.

QUADRUPLETS, QUINTUPLETS, &c.—Ramsbotham says quadruple cases are so rare as to defy anything like an accurate calculation as to their frequency. But, as rare as these may be, “the prolific powers of the human female are not even limited to the production of four children at a birth. In the museum of the College of Surgeons, in this city (London), there are five fetuses preserved, which were expelled at one birth, under the care of the late Dr. Hull, of Manchester; they had advanced to five months’ intra-uterine age.” Ramsbotham also refers to eight other well authenticated cases of birth of five fetuses, and six others collected from newspaper reports. The late Dr. Osborn met with six distinct ova, thrown off at one abortion, and Paré tells us that in his day, the wife of the Lord of Maldemeure, in the parish of Sceaux, in Chambelly, produced six children at a birth, after which she died. Only one of the children survived. Gottlob mentions one woman “who blessed her husband with eleven children in three births.” Burns states that “more than three are not met with once in 20,000 births.”

In the production of triplets, the town of Wrightsville, Pa., throws down the gauntlet to the world. The town contains less than 1,500 inhabitants, and within the last forty-eight months there have occurred there three cases of triplets! This we learn from communications in the February and June numbers of the *Medical Examiner*, from the pen of J. Levergood, M. D., of Wrightsville. The first case occurred in the practice of Dr. B. C. Lloyd, the second in that of Dr. Levergood, and the third in that of Dr. John A. Thompson. In the last case two of the infants were males. Nothing is said of the sex in the other cases. The following recent cases, which we copy from other journals, will complete this *pregnant* roll:—

“A colored woman in Arkansas recently gave birth to four little darkies—three girls and one boy. The whole lot weighed twenty-eight pounds. At the last accounts the mother was *better* than ‘could be expected,’ and the little woolly heads were all as lively as crickets. The given names of the girls are Mississippi, Ouachita, and Red River, while the boy is called by the go-ahead name of Railroad.”

"The wife of Mr. Washington French, in Mississippi, has just presented him with two boys and two girls at one birth. Mr. French was forty-five years old when he married, and has been married one year. Though commencing late, he is likely to be surrounded by a large family before old age overtakes him. Thus it will be seen that our 'glorious country' is still in advance of the rest of the world, including France, in the baby producing business—to say nothing about great names for 'little responsibilities'—as well as in everything else."—*N. O. Med. News and Hosp. Gazette*.

"BIRTH OF FOUR CHILDREN.—Mrs. Sherratt, wife of John Sherratt, porter, of Newton Street, Brook Street, Chorlton-upon-Medlock, has been lately delivered, by Mr. A. W. Close, M. R. C. S., of four living children, three girls and one boy."—*Lancet*.

"EXTRAORDINARY BIRTH.—On Sunday morning, the 13th of April, between the hours of eight and ten, Mrs. E. Phin, wife of Edward Phin, a guard in the service of the London and Northwestern Railroad Company, residing at 144 Scofield Street, Bloomsbury, Birmingham, was safely delivered of five children—three boys born alive and doing well, and two girls born dead."—*Assoc. Med. Journ.*

MEDICAL EDUCATION.

Finding our name on the Committee of the American Medical Association on Education, we are treasuring up some "specimens," two of which we give this month, in advance of the Report, and without consulting the Chairman. The first is from a reliable correspondent in Iowa, and the second is a letter which recently came directed to "Mr. S. W. Butler, M. D. Burlington Burlington CO. New Jersey S-t." The letter is perfect, except the chirography and folding. It is not often that we take liberties with letters of correspondents, but this is certainly an exceptional case:—

———, Iowa, 7th Mo. 2d, 1856.

"DEAR DOCTOR: As I was spending a few days with a friend near ———, a beautiful town in this State (Iowa), I had occasion to write a prescription, and took it to a drug store, whose proprietor, Dr. ———, was in attendance. One article specified was 'Ferri Sulphas.' The Doctor consulted the *Dispensatory*, and finding the article, remarked: 'We have no *green* vitriol, but we have plenty of the *blue*!'"

"Send on the REPORTER,

"Truly, &c.,

"B. W."

"May 30 1856 Mr. Butler I tak this optuny to beg a favor of you I have a case of gravel on hand he has been under the care of a pyhsicians for a long time he is now under my care I wish you would sen me som of the root of

Hydrangea or Seven bark also send the description of the plant leaves and flowers if you cannot supply me with sum of the hydrangea root please to let me know where I can get it

"Direct your letter _____"

"S. W., Dr."

FISKE PRIZE FUND—RHODE ISLAND.

We cheerfully comply with the request of Dr. Parsons to insert the following notice. We trust that some of our readers in this and other States of the Union will enter the lists to which they are so cordially invited, with the profession of Rhode Island.

The Trustees of the *Fiske Fund*, at the late meeting of the Rhode Island Medical Society, offered a premium of one hundred dollars for the best dissertation on the following question: "What are the causes and nature of that disease incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation, and diarrhoea—and what is the best mode of treatment?"


They announce that such dissertations should be sent, free of expense, to their secretary, S. A. ARNOLD, M. D., PROVIDENCE, R. I., by the first of May, 1857; each dissertation having a motto inscribed on it, and the same motto on a sealed packet, containing the name and address of the writer inside. A condition of receiving the premium is that the property in the dissertation must first be transferred to the trustees of the fund, who cause all successful dissertations to be printed and distributed.

The prize for 1856, on the subject, "Does pregnancy accelerate or retard the development of tubercle of the lungs in persons predisposed to that disease?" was awarded to Dr. Edward Warren, of Edenton, North Carolina.


MISCELLANY.

Alexis St. Martin.—This physiological curiosity is travelling with a certain Dr. G. T. Bunting, who professes to hail from Montreal. The *Medical Chronicle* of that city "knows of no such party." The *Louisville Review* does not give the Doctor much credit for scientific knowledge. After witnessing some of his experiments, it says: "As to what we heard, we doubt whether it would appear to the Doctor's credit to have us tell, but as he distinctly asserted that his objects were purely scientific, we hope he will take it kindly of us to suggest to him that he needs a little rubbing up in his chemistry. A man that does not know the identity of muriatic and hydrochloric acid, is hardly prepared, in our judgment, to conduct a series of severe experiments on the composition of the gastric fluid, and its action on vegetable and animal substances. That he undoubtedly manifested such


ignorance—making all allowances for slips of the tongue—all who were present can bear witness." By the way, Dr. John T. Plummer, of Richmond, Ind., writing to the *Medical Counsellor*, corrects an error of a correspondent of the *Reporter* who spoke of St. Martin's as the only case of the kind ever presented. Lehman, in his *Physiological Chemistry*, mentions "an Esthonian peasant, Catharine Kutt, in whom there was a gastric fistula." Experiments were performed on her by Gruenewaldt and Shroeder, under the superintendence of Bidder and Schmidt.

 They have the yellow fever safe in quarantine in New York—at least, so they think. Be careful, neighbors, and don't let him loose, for in the filthy condition of your streets there is no telling what pranks he might play among you.

Complimentary.—"We must here take the liberty of saying that few things have pleased us more than, in the course of our reading lately, to find such surprising improvement in the periodical literature of our transatlantic cousins. The American journals which we have read lately, abound in the most valuable and original articles, and show the rapid strides our friends are taking to compete with the mother country. We need only add, they have our best wishes; we watch their progress with the greatest interest." *Braithwaite.*

 We hear rumors of several changes as about to take place in some of our medical periodicals, some to be discontinued, others to change hands, &c. If three or four of our best journals would unite their strength, and produce one good journal of large circulation, it would be the best thing that could be done. Gentlemen, our strength is too much divided, and we advocate too many selfish interests.

Poisonous Medicines.—So many lives are lost or endangered by giving poisonous medicines by mistake, that various plans have been suggested by which to guard against them. One is to put poisonous medicines, or remedies for external application, into bottles of a particular shape, as round or square. A correspondent of the *Medical Times*, writing from Paris, says, that the Prefect of Police has recently addressed to the Mayors of the rural communes, and to the Commissioners of the Police, a circular, suggesting that it be made obligatory on apothecaries to place upon the vial or package containing poisonous medicines destined for external use, a label, bearing some striking color, giving indication of such use. The color orange-red has been chosen, because it is of a nature to strike the eye. Upon this, the words, *medicine for external use* are to be printed in black, and in characters as distinct as possible. Is not this subject worthy the attention of our Pharmaceutical Association?

 Dr. Walter Channing, of Boston, has presented a large portion of his medical books to the city library. The object of the donation, is to place those rare and valuable books where they can be consulted by the entire profession of the city.

✂ We have received a "Catalogue of the Graduates of the Jefferson Medical College of Philadelphia, from the first commencement in 1826, to that of 1856 inclusive." The whole number is 3,597, an average of nearly 120 a year. The average for the last few years has not been far from 200 a year.

✂ We have received the announcement of the *New Orleans School of Medicine*, a new candidate for public favor. It starts out with a full and very able faculty. Their names are as follows: E. D. Fenner, M. D., Theory and Practice of Medicine, and Dean of the Faculty; A. Forster Axson, M. D., Physiology; Thomas Peniston, M. D., Clinical Medicine, and Auscultation and Percussion; Samuel P. Choppin, M. D., Surgery; I. L. Crawcour, M. D., Chemistry and Medical Jurisprudence; Howard Smith, M. D., Materia Medica and Therapeutics; John M. W. Picton, M. D., Diseases of Women and Children; D. Warren Brickell, M. D., Obstetrics; Cornelius C. Beard, M. D., Anatomy; and Anthony A. Peniston, M. D., Adjunct Prof. of Anatomy.

There is hardly a more *complete* faculty in the country than the above.

✂ The following resolution was passed at the recent meeting of the Pennsylvania Medical Society:—

"Resolved, That the members of the Medical Society of the State of Pennsylvania, and the profession generally, be recommended to use their influence with the druggists and apothecaries of their respective neighborhoods, to induce them to discontinue the purchase and sale of patent and quack medicines, and patented instruments; and that physicians be recommended to withhold, as far as practicable, their patronage from such apothecaries and druggists as persist in the sale of the articles indicated."

EDITORIAL CORRESPONDENCE.

UNUNITED FRACTURE.

NEW YORK, July, 1856.

MR. EDITOR: The subject of discussion at the July meeting of the Academy of Medicine was "Ununited Fractures," which was examined with marked ability by the various speakers, the principal of whom were Dr. Detmold, who opened the ball, Dr. Buck, of the N. Y. Hospital, Dr. Parker, the President of the Academy, Dr. Stone, of Bellevue Hospital, and Dr. Batchelder. The various causes of a failure of union in fractured bones, and the several methods which have from time to time been suggested and practised, to remedy the defect, were passed in review. As this accident, if it may be so called, occurs chiefly among hospital subjects, experience in its treatment is confined almost exclusively to hospital surgeons. Among the

general causes, *i. e.* those affecting the patient's condition of body, it was stated that a prominent one was the withdrawal from him of his accustomed stimulus upon his entering the hospital, against which all the arts of surgery have sometimes been unable to prevail, until the usual stimulus has been restored. The opinion was also expressed that a non-union may sometimes result from the interposition between the fractured ends of portions of the muscular or tendinous tissue of the limb. In the discussion of the various methods of treatment, by seton, by wiring, by rubbing the ends together, by sawing them off, by boring, and by electrical currents, all which have had their advocates, the conviction seemed to have been arrived at, that *boring* the fractured parts by a gimlet or drill presented the most numerous instances of successful result; and that even in those cases in which the seton appeared to have been successfully employed, the good effect was observed to have been produced only in those cases in which it had been found necessary to bore a hole in order to pass the seton; that where a seton has been passed without such necessity, a favorable result had rarely followed. Dr. Barker mentioned a case of fracture of a clavicle occurring in an infant during parturition, in the process of turning, but which had remained ununited at the present time, though a period of several months had elapsed. Dr. McNulty exhibited an instrument intended to facilitate the application of the actual cautery to the fractured ends of the bones, but in the use of which, he, however, had no experience, but merely suggested it for consideration. It consisted of a very long needle attached to a handle. Near the point of the needle is an eye, through which the end of a platinum wire is passed, and secured, and which, by means of the needle, is thus passed through the limb, passing through the fracture. The limb is thus transfixed by the wire, and the poles of a galvanic battery being applied to its ends, the wire, it is supposed, would be made incandescent, and thus cauterize the ends of the bones. The principal objection raised against this idea was that from the length of the wire, and the great mass of solid matter it was necessarily in contact with, it would be impossible to heat the wire sufficiently to scorch the ends of the bones, and even if it were possible, the burning of the soft parts would be a serious objection to the use of the instrument.

INSTRUCTION OF IDIOTS.

At a subsequent stage of the session, the subject of the instruction of idiots was introduced, by the introduction to the President and to the meeting, of Mr. Jas. B. Richards, who, as was mentioned in my last letter, has attained to much success in that almost superhuman power of giving mental faculties to those who are congenitally deficient in them. Mr. Richards was received with expressions of great interest, and but for the lateness of the hour would have gratified the Academy with an exposition of his method of instruction. After presenting to each member present a triple lithographed daguerreotype representation of the appearance of one of his idiot pupils, at the time of undertaking his education, and at two subsequent

periods of one and three years (which showed that from a fatuous, crawling child, he had become an erect and intelligent youth), it was requested of Mr. Richards that he would postpone the desired exposition until the October meeting, with which he complied.

THE PUBLIC HEALTH.

This may be called the "season of health," so far as the city of New York is concerned.

The deepened lines which the last unusually severe and protracted winter furrowed upon its countenance, have been all effaced by a genial spring, and thus far a cool and refreshing summer has delayed the coming of the troubles incidental to it. An occasional case of fever, of the intermittent or remittent type—gastric affections, the result of exposure to the sun, followed by too copious draughts of ice-water, now chiefly occupy the attention of the profession, in addition to the diseases which ordinarily give them employment. The hiatus caused by the annual midsummer flight of citizens to the rural districts, is supplied to a considerable extent by the migration hitherward of invalids from more southern climes, while all are relieved thus far by the lightness of that hot-weather scourge of cities, cholera infantum. The oft-repeated prognosis of yellow fever is not yet realized, though a cargo of it is said to have arrived at quarantine from Matanzas, or some other West Indian port.

The wide difference between our profession, and all others in the character of their duties, and the obligations of their practitioners, is shown in nothing more distinctly than in the liberty possessed by all but our own, to ruralize and recreate in the summers. The courts being all closed, the "gentlemen of the bar" may disperse without fear of losing a "case," or a client; the counting-room, though not actually closed, yet may be abandoned to the care of the confidential clerk; and even the pulpit is allowed to dwell in silence, or go a begging for an occupant, while its accustomed orator seeks health and relaxation amid the fashionable throngs at Saratoga, or dips the barbed hook in the waters of the St. Lawrence at the Thousand Isles. But the toil-worn and panting man of medicine has no vacation, knows no season of rest and relaxation. To him all months are alike, except in the character of the diseases he has to combat.

Happy the few exceptions who are able for a while to sheathe their lancets, and go in search of that health which they labor continually to bestow upon others.

A new epidemic appears to be prevailing here, in the form of light and rheumatic pains, principally of the smaller joints. I have met with a number of cases of it, though none in which it proved sufficiently severe to keep the patient within doors, or to justify the administration of much medicine. The principal internal symptom is a deficient secretion of urine, indicating it to be dependent somewhat upon derangement of the function of assimilation. It is unaccompanied with fever generally, and on this account I am puzzled to give it a name, though it appears to me to come nearer to the dis-

order known further south, as the dengue fever, a disease which we have but little practical experience with in this region.

HONORING THE DEAD.

I cannot more appropriately close my letter than by calling your attention to the following inscription, which has been engraved upon a marble tablet, to be set up in the institution named. Many of the noble spirits there mentioned were personally known to me, and in adding my feeble word of acknowledgment to that of the faculty which has conceived this happy thought, I but testify to what I know of the self-sacrificing devotion, and the high-toned character of these "*Martyrs of Humanity*."

HÆC MEA ORNAMENTA SUNT.

Gorham Beales,
William W. Cahoon,
Henry H. Curtiss,
Horatio W. Gridley,
Henry W. Porter,
Lefroy Ravenhill,
John Snowden,

Francis Bullock,
Francis P. Colton,
Enoch Green,
Elihu T. Hedges,
A. Judson Bond,
David Seligman,
Sidney B. Worth,

Students
of the

College of Physicians and Surgeons;
Died of pestilential disease
while serving in the
Public Hospitals of New York.

THIS TABLET

is erected by the Faculty,
that the memory of these
MARTYRS OF HUMANITY

may not die,
and that, taught by their example,
the graduates of the college
may never hesitate to hazard life
in the performance of
PROFESSIONAL DUTY.

But reflection upon this subject gives rise to the questions—*Why is our profession thus left to honor itself?* and when will the public, in whose service those thus honored fell, show its appreciation of the noble sacrifices made in its behalf?

Very truly yours,

J. GOTHAM, JR., M. D.

LETTER FROM PHILADELPHIA.

POLITICAL DOCTORS.

PHILADELPHIA, July 20, 1856.

DEAR REPORTER: The recent change in the political complexion of our city government has produced quite an excitement amongst those of the profession who are ever anxious for a share of the loaves and fishes at the disposal of the public. It became evident, as soon as the result of our municipal election in May was made known, that there would be sad havoc amongst the medical officers of the various eleemosynary and sanitary institutions under the control of the public, who had been appointed by the "Know Nothings." This, of course, caused great rejoicings amongst the *great unwashed* of the profession, who could be seen running about drumming up their friends, or hanging about the haunts of certain politicians, anxiously waiting a chance to urge their claims for preferment. Not taking any interest in political affairs, we were for a time ignorant of the fact that such changes were likely to take place, and were therefore unable to account for the mysterious conduct of those members of the profession to whom we have alluded, who had no doubt been early informed of what was to occur. When, however, it became generally known that all who had been appointed by the K. N.'s were to be decapitated, this mystery was solved. The number of aspirants for office was then greatly increased, and as the time for the appointments to be made drew nigh, all on the anxious benches seemed to be beside themselves. They could be seen at any hour of the day opposite the State House Row, or near the Exchange, catching everybody they could by the buttonhole, much to the annoyance and detriment of those who were thus arrested, and of their own patients, if they had any to suffer by their neglect, but of the latter fact we do not feel ourselves qualified to speak in as positive a manner as we can of the former, having been so frequently bored by these aspirants that we had often to go out of our way to avoid those localities. But if we, who can boast of no political influence, were thus annoyed, what must have been the lot of those who had these eagerly sought favors at their disposal? Verily, theirs must have been an enviable lot! How they must have suffered in the hot weather by the importunings of the various applicants and their hosts of friends! We may fairly estimate that each applicant for office had at least a dozen influential friends, who did all they could for their favorite candidate, and as there were no less than twenty-five candidates for one office, which has attached to it the small annual stipend of three hundred dollars only, what must have been the amount of boring to which those were subjected who were to make appointments to posts worth from five hundred to three thousand dollars, of which there were at least four! How those who were but recently elected by their fellow-citizens must have, like the poet, though for a different purpose, sighed for "*a lodge in some vast wilderness*," or, conscience-stricken, concluded, like

the wise man of old, that "*there was no rest for the wicked*," for from "morn to eve, and from eve till dewy morn," it must have been ever the same incessant ding-dong—"Please vote for me, or I beg your interest for my friend, Dr. So and so. Indeed, the lengths to which some of the aspirants went in urging their claims were alike disgraceful to themselves, the profession they represented, and the persons who would allow it, even for a moment, to be supposed that they would suffer themselves to be affected by such considerations, much less to be guided by them alone. Thus, in one instance a candidate went before a political body, in whose hands rested the conferment of a *medical* appointment worth three thousand dollars, and on his oath declared that he had never had any connection with the order of Know Nothings, whereas it was proved at a subsequent meeting of that same body by his opponent, who was an avowed K. N., on the affidavit of the presiding officer of one of the lodges of that secret organization, that he had been a member of the order for some time past. Although we do not admire the "dog in the manger" conduct of the gentleman who produced the affidavit, yet we think the *exposé* well merited, and are glad to say it had the desired effect. It is, as we have said, disgraceful to see such influence exerted in a contest where merit alone should have weight in deciding the result. Where politics and political influences are to be the test, the medical appointments to the various charities under the control of the government will not be worth the asking, although they may have attached to them some even handsome emolument. What respectable members of the profession will be willing to give up a small but growing practice for an appointment worth twice as much, if their tenure is only to be affected by their political persuasion, and not by fitness for the post?

There was a time when the active and violent participation in politics was considered almost as reprehensible in physicians as in clergymen. But those days have long since passed away; a new era has supervened, and the professional engagements of either have not been deemed incompatible with an active part in all political excitements, or unfitted them even from stump-speaking or demagogism. If they would rest satisfied here, we should make no complaints, for we believe it an inalienable right of every man, no matter what his calling may be, to hold whatever political tenets he pleases, and even to take measures for their public dissemination. Although we do not believe the exercise of this latter right on the part of either profession to be fraught with any good, but are sure it has often resulted in a great deal of harm, still we should on such occasions refrain from any complaint; but when the pulpit is converted into a rostrum, or the sanctuary of the Lord is desecrated to the purposes of political agitation, and that, too, by men who belie their calling as messengers of peace, or when such subjects are intruded into the sick-room or the hospital, and a man's fitness or ability to fulfil the high calling of healing the sick is judged of by his political tenets and the number of votes he can influence, then it becomes the bounden duty of every man to raise his voice in opposition to such.

The whole system of medical appointments in this country, from that of

the professor to the interne or dresser in a hospital, is fundamentally wrong, preferment being always obtained through influence, and not from professional attainments, or peculiar fitness for the post. It is true that those who have the power to make such appointments are not often capable of judging of the qualification of the candidates, and when unbiassed in their judgment, they are guided in their choice by the amount of personal influence brought to bear on them, believing that the number of a man's friends and his personal influence are in direct ratio with his professional skill and attainments. Although this is often true, yet it is more so as a coincidence than a consequence. But when all considerations of professional fitness for a post are laid aside, and that, too, for a post which is purely a professional one, and any appointments only made with regard to a man's politics, the evil has become so enormous as to cry loudly for redress, and demands the active co-operation of the whole profession, and even the community at large, who are interested in the matter, for its suppression. We shall really need, we fear, a Vigilance Committee to protect from corruption all appointments to medical posts, and "to preserve inviolate the dearest rights" of the profession.

Yours truly,

ADAM FRIEND.

METEOROLOGY.

Meteorological Observations for the month of June, made at the N. J. State Lunatic Asylum, Trenton. Latitude N. 40° 15'; Longitude E. 2° 12' 51".

THIS month, though generally believed to have been unusually cold, is found 3° warmer than last June. Its extremes of temperature are more remote than those of any preceding month for several years.

But little aqueous deposition has occurred, viz: 1.40 inches. Last June there were 7.36 inches.

Tabular Statement.

		Maximum.	Minimum.	Mean.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Thermometer.	Sunrise,	30th; 77°.	1st; 49°.	63°.	29th; 84°.	6th; 54°.	28th; 31°.	23d; 9°.	19°.	72½°.
	2 o'clock P. M.	29th; 97°.	6th; 56°.	83°.						
	Sunset,	29th; 85°.	6th; 55°.	73°.						
Barometer.	Sunrise,	1st; 30.00 in.	30th; 29.50 in.	29.75 in.			5th, 8th, 18th; 29 in.			
	2 o'clock P. M.	1st; 29.95 in.	29th; 29.50 in.	29.73 in.						
	Sunset,	1st, 2d, 5th, 6th; 29.90 in.	29th, 30th. 29.50 in.	29.72 in.				0; 11 days		
Correspond- ing attached therm'ter.	Sunrise,	66°.	64°.	71°.						
	2 o'clock P. M.	70°.	87°.	77°.						
	Sunset,	71°.	87° 00°.	76°.						74½°.

Degree of Humidity, Saturation being 1000.

Hygrometer.	Sunrise.	18th and 19th;	15th ; .750 in.	.863 in.						
	2 o'clock P. M.	1,000 in.	6th ; .860 in.	11th ; .306 in.	.488 in.	18th ;	.917 in.			
	Sunset,	23d ; 1,000 in.	29th ; .404 in.	.676 in.		28th ;	.880 in.			
										.6756 in.

PLUVIOMETER.			PREVAILING WINDS.	
Date.	Inches.	Wind.		
6th.	.05	N. E.	S. W.	prevailed 16 days.
13th.	.02	S. E.	N. W.	" 3 "
18th.	1.10	S.	W.	" 5 "
22d.	.02	W.	S.	" 2 "
23d.	.30	E.	N. E.	" 1 day.
			E.	" 1 "

Whole amount of rain was 1.49 inches. Clear sky prevailed 17 days.

The following table shows the comparative temperature of June for the last eight years:—

Year.	Maxima.	Minima.	Media.
1849	95°	52°	72°
1850	90°	52°	71°
1851	94°	53°	78°
1852	89°	52°	72°
1853	95°	55°	76°
1854	92°	52°	72°
1855	94°	54°	71°
1856	97°	48°	73°

Average temperature of the last eight Junes was 73½°.

M. E. WINCHELL.

July 1st, 1856.

NECROLOGY.

DEATH has, within the past few months, committed terrible ravages in the ranks of the profession, both in this country and abroad. Our last number contained biographical sketches of Drs. Beck and Warren, and we this month make obituary records of several distinguished men who have recently died at home and abroad. For these items we are indebted mainly to the *Virginia Medical Journal*, and to the *New Hampshire Journal of Medicine*.

BARTON.—W. P. C. Barton, senior surgeon of the U. S. Navy, died at Philadelphia on the 27th of March. Dr. Barton had belonged to the medical staff

of the navy for forty-seven years, having entered the service in 1809. He counted twenty-five years of shore duty, and three and a half years of sea service, having been lost at sea in 1830.

JOHNSTON.—The well-known agricultural chemist, Dr. Robert Johnston, author of *Chemistry of Common Life*, died at Durham, England, after a short illness.

MORAWECK.—Herr Moraweck, Professor of Surgery at the school of Wurtzbourg, recently died of pneumonia.

LATTIMORE.—Dr. W. P. Lattimore, a young physician of promise, the translator of one edition of Ricord's Letters, died in New York, January 5, aged 29 years.

COPELAND.—Thomas Copeland, an eminent English surgeon, died recently at Brighton, at the age of 74. He left a large property, and liberal bequests. Among others was a bequest of \$25,000 to the Society for the Relief of Widows and Orphans of Medical Men in London.

BARBIER.—Dr. J. B. G. Barbier, Physician-in-Chief to the Hospital of Amiens, Professor of Pathology in the Preparatory School of Medicine of that city, member of many scientific societies, an excellent botanist, and a voluminous writer, died on the 21st of November last, at the age of 79.

HAINDL.—The *Gazette Médicale*, of December 1, states that Dr. Haindl, Director of the great Hospital at Vienna, recently died of cholera, at the age of 52. The eminent post he occupied is temporarily filled by Dr. Prinz.

HARRIS.—Dr. Thaddeus Harris, Librarian of Harvard University, died at Cambridge on the 16th of January, at the age of 60 years. Dr. Harris practised medicine with reputation in his native town of Dorchester until 1831, when he was appointed librarian to the college at Cambridge. From this date until his death, in addition to the faithful performance of the duties of his office, he worked hard in different branches of natural history. He was pronounced by Agassiz to be "decidedly the best entomologist in the world."

BALLINGALL.—Sir George Ballingall, Regius Professor of Military Surgery at Edinburgh, died on the 4th of December last.

CHAMBERS.—Wm. Fred. Chambers, M.D., K. C. H., F. R. S., formerly Physician to St. George's Hospital, to William IV. and Queen Adelaide, to Victoria, etc., who "led the town" from 1836 to 1848, died on the 16th of December last, at the age of 70 years.

CLOQUET.—Dr. Ernest Cloquet, nephew of the brothers Hippolyte and Jules Cloquet, the former the most famous of anatomical lecturers, the latter a brilliant surgeon, died recently in Persia, where he resided as physician to the Shah. His death is said to have been caused by an over-dose of cantharides, taken by mistake. We are indebted to this physician for interesting observations on oriental diseases, and on the state of medicine in the East.

PERCIVAL.—Dr. James G. Percival, the gifted poet, died on the 2d of May, at Hazelgreen, Wisconsin, in the 61st year of his age. Although it was long since he abandoned the practice of medicine, we cannot but remember with pride that he was a member of our profession, nor fail to express our respect for his memory. Percival was born in Kensington, Conn., in 1795. He was the second son of Dr. James Percival. He graduated at Yale College, in 1815, reading as a commencement exercise his tragedy of "Zamor." In 1820, having graduated in medicine, he commenced the practice of his profession in Charleston, S. C. He did not succeed, however, and obtained, in 1824, an assistant surgeoncy in the army. He served for a while at West Point, and subsequently as examiner of recruits at Boston. But he soon left the service and his profession. He published two volumes of poems, which were reprinted in London in 1824. In 1827 he published a third volume. The next two years he spent in assisting in the first quarto edition of *Webster's Dictionary*. He then translated Malte-Brun's *Geography*. He was a good naturalist, and his attention became gradually more and more concentrated on geology.

In 1842 he published an elaborate report on the geology of Connecticut. In 1853 he was chosen State Geologist of Wisconsin, and at once went to work in that new and interesting field. He was a very superior man.

GERDY.—P. N. Gerdy, Professor of Surgical Pathology to the Faculty of Paris, Surgeon to La Charité, and member of the Academy of Medicine, died at Paris, April 18, of pulmonary consumption, at the age of 59. The deceased was the author of several practical works, and engaged ardently in the discussions which have agitated the French for a quarter of a century past. He was reckoned the best debater in the Academy. He was not much followed by foreign students, for his service at the hospital adjoined that of the great Velpeau. He was chiefly known in this country by his method for the cure of reducible hernia. In 1851 M. Gerdy commenced the publication of a treatise on surgery in seven monographs. He lived to complete four volumes of this work, comprising three monographs. The first treats of general pathology; the second of general surgical diseases; the third of the diseases of the organs of locomotion. It was to complete this work that Gerdy remained in Paris, in opposition to the advice of his friends, during the winter of 1854-55, since which period the disease which long threatened him made rapid progress.

GUTHRIE.—George James Guthrie, President of the Royal College of Surgeons of England, died May 1st, 1856, aged 71 years. His death was caused by disease of the heart. Mr. Guthrie commenced the study of medicine at an early age, and when he was but sixteen, received the appointment of Assistant Surgeon to the 29th Regiment. On the experience acquired in his Peninsular campaign, Mr. Guthrie founded his valuable contributions to military surgery, which work has been much enriched by the results furnished by the recent Russian campaigns.

HULL.—Robert Hull, M. D., died at Hull, England, on the 13th of April, 1856, in the 62d year of his age. Dr. Hull was the Senior Physician of Norwich, Physician of the Norfolk and Norwich Hospital, Physician to the Eye Infirmary, author of a work "On the Morbid Eye," &c.

CLUTTERBUCK.—Henry Clutterbuck, M. D., died in London, on the 24th of April, 1856, aged 89 years. Dr. C. was, for nearly seventy years, an active member of the profession, during all which period his life was one of steady and continued industry. For fifteen years he edited the *Medical and Surgical Review* (1795-1809), and was the author of several valuable works. He was three times President of the London Medical Society, and for upwards of sixty years attended its anniversary meetings.

VIDAL (DE CASSIS).—M. Vidal (de Cassis), Surgeon to the Venereal Hospital of Paris (where he was M. Ricord's colleague), died at Paris, April 16, 1856, aged 53 years, of long standing renal disease. M. Vidal was universally respected. He was the author of an important work on Surgery, in five volumes, which is a text-book in the French schools; also of a treatise on Venereal Disease.

SANDRAS.—Died, in Paris, April 24, 1856, Dr. Sandras, Physician to the Hôtel Dieu, and author of a well-known work on the Nervous System.

HAMILTON.—Sir William Hamilton, the great Scotch Metaphysician, died in Edinburgh, on the 6th of May. He had long suffered from paralysis in his right side.

BATTLEY.—Recently, in London, Mr. Battley, the eminent Pharmaceutist, at an advanced age. He was extensively known as the proprietor of "Battley's Solution."

SELECTIONS.

Registering Births, &c.—Pay a Man for his Work.—I have received a copy of the act respecting Births, Marriages, and Deaths in the city of New York, and, by the courtesy of the City Inspector, a notice pointing out the objects of the enactment, the importance of reliable public records in cases of disputed legitimacy, &c. &c.

By the act, physicians are enjoined to make a correct monthly return of all births professionally attended by them; and the seventh section prescribes as the penalty for non-compliance with, or violation of its provisions, the forfeiture of fifty dollars in every instance.

This act has been in operation now three years, but how it can have secured full and accurate reports, I am at a loss to understand; for, beyond a doubt, many births attended by midwives and nurses, have never been registered, and a physician having a superabundance of business, should he, as he might, forget to make a memorandum of a birth in time, it might fail to appear in his monthly return.

The Inspector's notice very philanthropically observes: *It is not believed that any good citizen will fail, although it may cause some little personal trouble, to make a correct and regular report, in order that the registry of the City Inspector may be rendered as perfect as it is possible to make it.*

Now, I would ask, is not this putting the *onus* on the wrong shoulders? why should the physician be expected to be such an ultra philanthropist as to take a gratuitous interest in the destiny of other people's children beyond his professional services? Very frequently he has to give those very services gratuitously; and it does seem somewhat hard that he shall be compelled further to concern himself so much about the children of those who have paid him with ingratitude.

I have always complied cheerfully with the requisitions of the act, but has every one? The Inspector possibly will answer *yes*, that the penalty is not a thing to be disregarded; but I would like to know how he is to find out where an unregistered birth has taken place, and the parents, as is often the case, care not whether it is registered or not? Who is to give the information?

According to the act, a clergyman or magistrate is entitled to demand and receive a fee for solemnizing a marriage, and if the parties refuse to comply, the clergyman or magistrate is not obliged to perform the ceremony, and no very serious consequences ensue to anybody. Not so with the physician, called upon at midnight to attend in cases where life is at stake, and with it, his own health and reputation. If he demand his fee beforehand, too often indeed a necessary precaution, he is pronounced unfeeling and everything that is bad, while the clergyman and magistrate, getting their fee in advance, are only looked upon as being wide awake as all persons ought to be whose business does not trench upon their slumbers. The legislators have shown a pious care in considering what *they* are entitled to; but to the value of the medical man's services in contributing to statistical facts, they seem to have been rather dim-sighted: for, by the act, a medical man for his certificate of birth, a fact far more difficult to certify than that of a marriage, is entitled to demand nothing, but failing to certify, forfeits fifty dollars! No doubt this has its origin in the high esteem in which the medical profession are held in New York; a medical man is believed to be *too good a citizen* to look after any emolument for services, the very consciousness of having rendered which is deemed, on the principle of virtue its own reward, a sufficient compensation.

Now I, for one, candidly confess that my philanthropy goes not so far. I believe that every one is entitled to be paid for his services.

Would not it be much better that the obligation to register births should rest on the parents as being the persons most nearly concerned, and that it

be made obligatory on them to obtain, in every instance, a certificate from the physician who attended at the birth, and, for such certificate, let him be entitled to demand and receive a nominal fee together with his fee for attendance? In no case would this be refused, as the physician making his complaint of non-payment to the City Inspector, the latter could inflict the penalty in the right quarter and on the party most offending. Only by this, or some similar mode, will the City Inspector ever be enabled to get in correct returns of the Births in this city.

R. A.—*N. Y. Daily Times.*

The Average Duration of Human Life in Various Countries and at Different Epochs.—In France a sixth of the population die at the end of the first year; a fifth at the end of 2 years; a third at the end of 14 years; the half at the end of 42 years; the three-fourths at the end of 69 years; the four-fifths at the end of 72 years; and the five-sixths at the end of 75 years.

Before 1789, Duvillard calculated that of 100 men, 50 live to 20 years; but since 1789 there is a marked improvement, and the observations of Bienaymé, from 1823 to 1831, prove that 60, and not 50, is the true proportion. Demontferrand says that of 100 men, 7 live to 60 years, 2 to 85, 1 to 89; and that in a million of our race there are only 640 nonagenarians (from 90 to 99 years.) Matthieu stated the number at 491, and of these only 9 reached the age of 97 years, and 4 that of 99.

Centenarians, according to Duvillard and Demontferrand, exist in the proportion of 2 in every 10,000. There are, however, privileged countries. Thus, at Carlisle, Milne found 9 in the 10,000. At most one dies in Paris every year.

Benoiston de Châteauneuf having examined 15 million lives, finds that 44 in 100 live to the age of 30; 23 to 60; 15 to 70; 4½ to 80, and 44-73ds to 90.

At present the average duration of life in France appears to be 39 years 8 months. Twenty years ago, Bienaymé valued it only at 36 years, and Demontferrand represented it at 33 years 8 months. In 1817 it was only 31 years 3 months; before 1789, according to Duvillard, 28 years 9 months; and Villermé has established that in Paris during the 18th century it was 32 years: in the 17th, 26 years, and only 17 years in the 14th century.

In France but one septagenarian is found among every 33 individuals; one octogenarian in every 160, and but one nonagenarian in 1900. Of these last there are nearly 17,500. Matthieu, however, computes that in every 174 persons there is one octogenarian, and one nonagenarian in every 1740.

At Geneva the average duration of life was 18 years 5 months in the 16th century; 23 years 4 months in the 17th, and from 32 to 33 years in the 18th; from 1815 to 1826, it has risen to 38 years 10 months.

At present, in France, as we have seen, the average duration of life is 39 years 8 months, that is to say, on our birth we have before us 39 years and 8 months of probable existence; at 4 years, a period when all the favorable chances are united, we have 49 years 4 months; according to Deparcieux, we have only 40 years and 3 months at 20 years of age; 34 years and 1 month at 30 years of age; 27 years 6 months at 40; 20 years 5 months at 50; 14 years and 3 months at 60; 8 years and 3 months at 70; 4 years and 8 months at 80; and 1 year and 9 months at 90.

In 1840 the average duration of life in England was 38 years; in France 36 years and a half; in Hanover, 35 years 4 months; in Schleswig-Holstein, 34 years 7 months; in Holland 34 years; in the Duchy of Baden, 32 years 9 months; at Naples, 31 years 7 months; in Prussia, 30 years 6 months; in Wurtemberg, 30 years, and 29 years in Saxony.

Demontferrand has divided into three classes the departments where life is the longest, and also those where it is briefest. In the first class, which is that of the longest lives, there are 28 departments: Calvados, Gers, Basses-Pyrénées, Cantal, Charente, Orne, Lot-et-Garonne, Lot, Maine-et-Loire, Aveyron, Gironde, Lozère, Deux-Sèvres, Manche, Tarn-et-Garonne, Doubs, Mayenne, Dordogne, Creuse, Loire-Inférieure, Eure, Vienne, Haute-

Marne, Indre-et-Loire, Haute-Loire, Ariège, and Haute-Garonne. The average duration of life for example, is 44 years 7 months in the Calvados and the Lot-et-Garonne.

The second class contains 33 departments: Jura, Puy-de-Dôme, Vendée, Sarthe, Charente-Inférieure, Corse, Seine-et-Oise, Somme, Oise, Tarn, Seine-Inférieure, Corrèze, Eure-et-Loire, Côte-d'Or, Pas de-Calais, Ardennes, Aube, Marne, Drôme, Allier, Vosges, Ille-et-Vilaine, Isère, Yonne, Var, Meurthe, Meuse, Aude, Landes, Hérault, Ain.

The third class comprehends the other 25 departments. In Finistère and Pyrénées-Orientales, the average duration of life is only 28 years 2 months and 28 years 1 month. Females have the advantage; thus in every 100 of each sex, at 10 years there are 58 females and 53 males alive; at 20 years, 58 females and 48 males; at 50 years, 33 females and 30 men; at 60 years, 23 females and 23 males; at 70 years, 15 females and 13 males; at 80 years, 5 females and 4 males, according to Benoiston (de Châteauneuf); and although 17 boys are born for every 16 girls, the proportion is soon re-established; thus at the end of one year for every 1000 children of each sex there are 848 girls and 823 boys alive.

These observations, made with the greatest possible accuracy, are curious in the extreme, and from them the legitimate conclusion is drawn that the average duration of life in Europe, and especially in France, is increasing every year.—*Moniteur*—quoted in the *Gazette des Hôpitaux*, July 14, 1855.

Money in and out of the Profession.—In an interesting address delivered by Dr. Simpson, recently, to the newly elected graduates of the Edinburgh University, he advises the M. D.'s not to expect to make as much money as if embarked in trade; or in any other profession besides the medical, but cited the following instances of the "ups and downs" of great men's lives. Dr. Hall, in the Crimes, has a salary of two guineas a day, "an income far less than that made by many a second or third-rate village apothecary (general practitioner) in England;" Dr. Cheyne, of Dublin, when only 34 years of age, made only three guineas during the first half his second year's practice—nine years subsequently he was making £5000 annually; Dr. Chambers, in his fifth year of practice, and when 34 years of age, made £211 in fees—seventeen years subsequently, £9000 annually; Dr. Baillie £11,000 in one year; Dr. William Hunter had not money to advertise his lectures. In 1788, the son of an English clergyman attended the classes of Edinburgh, and lived in a room which cost him 6s. 6d. a week; in after life, as Sir Astley Cooper, his professional income in one single year amounted to £23,000. We might add to these the following items, stated on good authority. Mr. Colles, of Dublin, made £11,000 a year; Albert Smith, a surgeon, gave up his profession in dismay, and made £19,000 the next winter of "Mont Blanc;" Professor Anderson, now in London, makes something like £10,000 a month, displaying the absurdities of table turning and mesmerism. £86,000 is said to have been recently realized by the sale of a copyright of a newspaper which originated in the sale and advertising of a patent medicine, while we fall out with Dr. Cormick's *Association Journal* for spending £15,000 in fifteen years, in struggling to uphold legitimate medicine. Homœopaths in London make double as much money as any seventy average surgeons.—*Dublin Med. Press*, from *N. O. Med. News*.

Gallie Acid.—A London physician reports several cases in which this remedy was successfully used as a hæmostatic. The first was a case of vesicle hemorrhage, from a polypoid growth in the bladder. Six grains invariably checked the hemorrhage. The second a case of scarlatinal dropsy. Urine at first albuminous and afterwards bloody. Five grain doses three times a day greatly reduced the amount of blood; but it was not until a drachm a day had been continued for some time, that albumen and blood both disappeared from the urine. If the acid was omitted for a single day, the urine

became as bloody as ever. He took more than eight ounces of the acid, and was cured. The third was a case of hæmatemesia, from chronic gastric ulcer. Ten grains were given every hour, and the patient finally relieved. The fourth, a case of albuminuria, in which the acid was given in doses of ten grains thrice a day. Decided relief was obtained; but the patient was not cured. Case fifth, excessive menorrhagia, always checked by the acid in five-grain doses. Case sixth, menorrhagia, with ovarian irritation, simulating pregnancy. Every occurrence of hemorrhage effectually controlled by the acid. Case seventh, hemorrhage from the bowels of a new-born infant. The acid given too late. The child sank after the first dose, exsanguine. Case eighth, cerebral hemorrhage from atheromatous deposit in the vessels of the brain. Relieved, but not cured, by the gallic acid. Case ninth, intercranial hemorrhage from a fall; relieved, but not cured, by the acid, in ten-grain doses. Case tenth, profuse epistaxis in typhoid fever. Two five-grain doses, and the application of the remedy to the Schneiderian membrane readily stopped the discharge. Case eleventh, acute tonsillitis. Relieved by the following gargle: R.—Gallic acid, ℥ij; distilled water, hot, ℥viij. Mix. Cases twelfth and thirteenth, tonsillitis, relieved by same gargle. Cases fourteenth and fifteenth, polypus uteri. Hemorrhage relieved by the acid in full doses. Case sixteenth, hemorrhage from injury to the vagina. Relieved by two-grain doses of the acid every half hour and cold applications. Case seventeenth, internal piles, with unusually severe hemorrhage, checked by five-grain doses every three hours. Case eighteenth, hæmoptysis, relieved by three five-grain doses, and a second attack by the same. Case nineteenth, erysipelas of the face, relieved by the application of a lotion, ℥ij of the acid dissolved in a pint of warm water. Case twentieth, a profuse hemorrhage from a deep cut, arrested by powdered gallic acid placed in the wound, and without pain. He suggests that the gargle mentioned in case eleventh might be used, in conjunction with the nitric acid treatment, in scarlatina.

In cases of yellow fever, we have succeeded in restraining hemorrhages from the stomach and bowels, and other outlets of the body, by the use of this remedy in doses of five to eight grains: and we have found it scarcely less effectual in restraining watery dejections from the bowels. A case of pyrosis was promptly relieved by the same remedy, as were also, to a marked extent, the dyspeptic symptoms with which the disease was complicated.—*New Hampshire Journ. of Medicine.*

Sarsaparilla as an Article of the Materia Medica.—By J. B. BRINTON, M. D. Even so late a period as that of my private pupilage, one of the professors of Materia Medica in Philadelphia, was in the habit of ridiculing the employment of sarsaparilla in every case, and he recommended the expunging of it as an article from the catalogue of remedies.

The extraordinary success of Swaim's Panacea, in the management of a variety of chronic diseases, and the nearly equal reputation which Potter, and other similar *nostrum vendors* began to acquire, soon called the attention to sarsaparilla. Whatever ingredients may have been at different times mixed with these preparations, it never has been doubted that sarsaparilla formed the basis of the empirical articles now alluded to.

It will be my object in the present essay to endeavor to point out how far this root may be considered useful, and designate the form of its administration, and the kinds of cases to which it is especially applicable. While a resident physician of the Philadelphia Almshouse, I had a fair opportunity of witnessing its effects in a variety of forms as applied to a considerable number of diseases. I had also numerous opportunities of prescribing it while attending physician at the Chester Co. Almshouse. During the early part of my time in the Philadelphia Almshouse, Swaim's Panacea was extensively prescribed; the *syrup of cuisinier* was however soon substituted, and with better effect. Professor Gibson was at the time a member of the medical board, and from him during the clinical lectures, I received a num-

ber of useful hints, which I shall in part avail myself of in this communication. My preceptor, Dr. G. McClellan, was also very much in the habit of prescribing it.

The black, withered, ligneous shavings which are often met with in the shops are of a very inferior quality. The pale, yellow, soft, pliable, and somewhat pungent as well as saccharine to the taste, should be selected.

The first preparation of sarsaparilla which I shall mention, is the *simple decoction*, which is generally prepared in an inefficient manner. In order to render the extractive matter soluble in water, the roots should first be cut into very short pieces. The pieces should then be boiled until they become soft, after which they should be pounded with a mallet or hammer, until they are contused into soft and small fragments. Then the whole should be thoroughly boiled until the water becomes thickened and impregnated with the extractive matter and sensible properties of the root.

Prepared in this way, sarsaparilla becomes a gentle diaphoretic, which operates equally throughout the whole surface. The skin becomes soft and relaxed, which shows a removal of all obstruction in the cutaneous capillaries.

I have on several occasions watched the secretion of urine, the quantity is increased, and becomes pale and watery. The mouth also grows clean and moist, and the state of the bowels is rendered more soluble. In short it appears that the remedy operates upon the whole of the capillary system of vessels, promoting the various secretions and exhalations, and in this way removing chronic diseases, especially of the skin and glands. By determining the circulation to the surface and extremities of the body it also relieves various diseases of the internal parts and organs, and is particularly efficacious in chronic rheumatism, pneumonias, diseases of the bones, &c.

In consequence of the same effect on the capillary system, this medicine proves extremely serviceable in allaying irritability of the constitution as well as local irritation in particular parts of the body. It will sometimes reduce a quick and frequent pulse to the healthy standard; it tranquillizes uneasy and disturbing feelings—and it subdues inordinate and morbid excitement in the several organs of sense. After having overcome the inflammatory action and reaction of the various inflammations, it may almost always be given with good effects for the purpose of obviating such symptoms of irritability as generally remain to be combated.

Notwithstanding that these effects may be derived from sarsaparilla exhibited by itself, most practitioners are in the habit of compounding it with various other articles. It is combined in different cases with a number of other vegetable remedies, and also with various preparations from the mineral kingdom, all of which combinations are found to modify in some respects and to promote its operation.

First I will speak of its combination with other plants. The most simple of these is the addition of sassafras to the sarsaparilla, which renders the preparation more palatable, and somewhat more active as a diaphoretic. To this some add the *pipsissewa*, and I am of the opinion that this herb increases the alterative, as well as the diaphoretic properties of sarsaparilla in a remarkable degree. Many physicians are addicted to this combination in chronic rheumatism, and in scrofulous affections. But the more generally received combination is with mezereon and guaiacum wood, to the decoction of which the term "compound" is especially applied. These articles are unquestionably more stimulating and heating in their effects, and they are accordingly more useful in the relaxed and debilitated habits afflicted with the latter stages of scrofula and syphilis.

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alleviate the painful irritation of venereal sores, the belladonna, stramonium, &c., to soothe the nocturnal pains in the bones; and opium or Dover's powder to relieve rheumatic aches in the joints, while some preparation is drank in large quantities for the purpose of determining to the surface and eliminating the constitutional disease from the system.

By way of digression, I would remark that I have under treatment at the present time, a case of chronic laryngitis, which has very much improved with the compound syrup of sarsaparilla and iodid. potass. combined; this is a very common prescription.

Several years ago, in consultation, at the suggestion of Dr. Isaac Thomas, of this society, I combined the syrup with the syrup of the iodid. of iron, in a case having all the symptoms of *phthisis pulmonalis*; there was a sensible improvement, and the patient eventually recovered. The prescription was syrup sarsaparilla comp. ℥viii; syrup. iodid. ferri ℥ss. Mx. Dose, a dessert spoonful morning, noon, and evening.

The most active and important adjuvants are derived from the mineral kingdom. Mercurials, antimonials, preparations of gold and arsenic and some of the chemical products derived from the sea and the earth may all be considered in this light, and are resorted to with manifest advantage in particular cases of disease.

The compound syrups are now generally preferred. They are in general so much stronger than the decoctions that a tablespoonful of syrup is supposed to be about equal to half a gill or more of the decoction.

Having given this general sketch of the preparations in general use, I will now describe the different forms which I have seen used by others, and which I have had occasion to employ in my practice.

I will endeavor to explain the mode in which the various adjuvants may be employed advantageously. During my private pupilage I saw the simple decoction of sarsaparilla very much employed, and it appeared to me with decisive advantage.

In cases of rheumatism, pneumonia, &c., after premising bleeding and purgatives, &c. &c., I have known from a pint to a quart taken every day, containing two or three grains of tart. emetic with good effect. This prescription would almost invariably produce diaphoresis and more or less relief. Several severe cases of inflammatory rheumatism were treated altogether on this plan, with the exception of a few bleedings and purgatives.

It appeared to be a fact that such patients recovered much more speedily and with much less debility and constitutional irritation than usually attend the common course of treatment.

In the commencement of the secondary symptoms of syphilis, I have resorted to this combination, and persevered in its use for several days before giving any of the forms of mercury. There was sometimes too much inflammatory action and fever, in its secondary as well as primary symptoms, to admit of mercurials. Their administration was therefore deferred until all heat in the skin and tension of the pulse had been removed by the tartar emetic and sarsaparilla. In the other form of syphilis, I believe it is the general practice of surgeons to resort to the same combinations. Mr. Carmichael is quite explicit on this point, and I think his authority is very respectable and conclusive.

In the latter stages of true syphilis, I mean in the decline of the disease, I have been accustomed to administer the mercurial preparations with sarsaparilla. For the copper colored blotches on the surface, and excavated ulcers in the throat, of true syphilis, the blue pill is sometimes given in combination with ipecacuanha—at the same time some of the preparations of sarsaparilla are given. But in cases where the bowels are in good condition, I would prefer the corrosive sublimate in doses of one-eighth of a grain dissolved in one gill of sarsaparilla decoction, and repeated morning, noon, and evening. When syphilis affects the bones, especially so as to produce painful affections and swelling, we were in the habit in the Almshouse of ex-

hibiting cicuta and corrosive sublimate with sarsaparilla. Of late years the iodid. of potass. in large doses is preferred. I have seen some frightful cases cured by it.

Sometimes, however, a stronger narcotic will be required than cicuta to allay the nocturnal pains. Dover's powder in doses of 12 or 15 grains, will generally answer if given just before bedtime.

In some cases I have used the stramonium or belladonna, in doses from one to three grains, morning, noon, and evening. I wish now particularly to draw the attention of this society to an article which has been but little used by the profession, I mean the *muriate of gold* in small portions, in combination with sarsaparilla. Its action on the system is somewhat similar to mercury. It quickens the pulse, flushes the cheeks, reddens the lips, tongue and gums. It finally produces a slight discharge of sweetish and limpid saliva, but never, I believe, swells or ulcerates the fauces. The gums become fringed with small red vessels, when its action is freely developed. I have known this action kept up steadily for several weeks.

In cases of inveterate *herpes*, great advantage may be derived from the use of Fowler's solution, with sarsaparilla, six drops of the solution morning, noon, and evening, at the same time that one of the preparations of sarsaparilla is steadily used. I am confident that I have seen this combination prove effectual, where neither alone would have answered.

In scrofula, I have used one of the preparations of sarsaparilla (I allude to the syrup of cuisinier) with great effect. This at one time was considered an empirical preparation. Several different preparations are now prepared, and are known to be nothing more than this plant in syrup, improved by the addition of small portions of corrosive sublimate. I would remark, by the way, that it is probable, that they owe their extensive application to the fact that only a very small proportion of the sublimate is given with them. By long keeping this salt becomes decomposed and chiefly precipitated, so that not enough can be given to produce irritation or erythism in plethoric and inflammatory habits. In scrofula this is particularly true. Large doses irritate while small ones compose the system. I have seen one-eighth of a grain do harm in scrofula, and induce phagedenic action in venereal sores—but on reducing the dose to the one-twentieth of a grain the same ulcers have assumed a healthy aspect.

In the third number of the *Medical Reporter*, there is an interesting article by Wm. H. Worthington of this society, on the syrup of elderberries, as a substitute for the compound syrup of sarsaparilla. Dr. Worthington recommends this syrup to the profession, chiefly upon the recommendation of Dr. Stratton, a respectable practitioner of the State of New Jersey. In conclusion, I would remark that I am entirely satisfied that many of the failures in the treatment of disease by sarsaparilla are owing to its being of an inferior quality, and the manner of preparing it.—*Medical Reporter*.

A Chapter of Accidents, consisting of Sketches of Instances of Extraction of Foreign Substances from the Natural Openings of the Human Body.—By R. THOMPSON, M. D., of Nashville, Tenn. (Read at a meeting of the Tennessee Medical Society, and ordered published by that body.)

As no case has occurred in my practice, since we last met, of sufficient interest to be made the subject of a report, I have concluded as a substitute, to offer a condensed statement of a few cases of the above description which have occurred in the course of my past experience; not presented, however, because particularly novel, either in kind or management, but to fulfil my engagement to "report a case or read an essay," and to afford, perhaps, a little momentary interest.

The first case I will introduce occurred in 1826, the first year I stood alone as a practitioner. A black bug of a species well known to the inmates of log tenements, of about the size of the end of one's little finger, exceedingly

frisky and fond of running into holes, being out on an exploring expedition one night, and having a desire to examine the inner anatomy of the human cranium, or in search of something "good to eat," slipped himself into a boy's ear while asleep; but, like many other adventurers, he soon found a limit to his forward movement, and by reason of the tightness of the fit, was equally unable to "advance backwards." His ineffectual struggle for freedom soon awoke the boy to a consciousness of intense agony, extorting cries which brought an elder brother to his assistance, who having ascertained the difficulty, concluded to persuade the intruder to hold still by giving him a dram, and accordingly poured the meatus full of fourth proof, which soon had the desired effect, for the insect lay as quiet as a "bug in a rug," and permitted the boy to sleep till morning, when he was brought to me to have the thing extracted. But this was no easy matter—the forceps could not be made to grasp it without causing an amount of suffering which the little fellow would not bear. I accordingly devised an easier way: drawing the temper out of an iron knitting-needle, and having bent the end, hammered it into a very acute angle, and then by filing converted it into a spear with a barb. This I cautiously insinuated into the body of the insect, and managed to fix the barb into the hard substance which unites the wing to the body, which afforded a point sufficiently stable to enable me by gentle traction to extract the thing with but little suffering to the patient.

The next case I will describe occurred about two years subsequent to the above. A child of about a year was playing with its mother's thimble, and as children instinctively put everything in their mouths, this of course went there, and getting pretty far back and tickling the glottis, a spasmodic effort to vomit threw it above the soft palate immediately behind the septum nares. The family physician was sent for, who, seeing that the child breathed through both nostrils, decided that the thimble had been swallowed; but the mother not being satisfied, two other physicians from a neighboring county town were called in, who, after exploring the nares with a probe and meeting no thimble, also pronounced it swallowed, and put the child upon acids to dissolve it. But as its sufferings continued to increase I was sent for. From certain external signs—such as suffusion of the eyes—some enlargement about the root of the nose, &c., I became satisfied that the thimble must be in the nose, and as the other physicians had failed to detect it, I judged it must be in the position I have indicated. I gave my probe a curve to suit the duct of the nares, and then a side curve to bring the point behind the septum, and asked the mother if the doctors had used a probe of that form? She said they had not. I did this to satisfy her, she being opposed to my probing, as she said it would give the child unnecessary pain, "as the thimble was not there." With this instrument I found the thimble the first effort, and giving the probe to the mother, she too became certain from the firm resistance that the body was there, and became urgent that I should immediately extract it. But I knew that it was easier found than removed, and refused to make any effort until the family physician should be with me; who, by appointment, met me the next day. I had prepared a strong iron probe with the necessary curves, square at the end, and ridged so as not to slip when brought to bear upon the edge of the thimble, the only chance being to push it into the fauces and extract it from thence. He undertook the task of dislodging it, while I stood ready with forceps in hand prepared to receive it the moment it should drop below the palate. After much difficulty he succeeded, but the moment it dropped below the palate the pharyngeal muscles seized it with such a spasmodic grasp that the hold of the forceps gave way twice without bringing it—in the mean time, the child was dying of asphyxia, the glottis being entirely closed. In this extremity I threw away the forceps, and thrusting my finger forcibly into the thimble, and contracting the muscles so as to tighten it, and giving it a twisting traction motion, was fortunate enough to dislodge it, much to my own gratification as well as that of the friends of the sufferer.

The next case I think worthy of notice occurred in 1835. A little fellow, out of sheer wantonness, pushed a large grain of corn up his nose. It was some hours before his father was made acquainted with the fact, and several more before I saw him; long enough to enable the grain to swell to near double its natural size, and imbed itself into the soft parts so that the forceps could not be made to grasp it. Again applying to the knitting-needle, I bent the end into a neat little hook, and pressing this sideways between the kernel and the septum, and then turning it, fastened the hook over the upper end of the grain, and now applying a thin delicately polished slip of reed to the other side, so as to enable it to slip, by a gentle drawing motion succeeded in dislodging it.

But shortly after this I met with another case which offered more difficulty. A number of children were amusing themselves hunting shells and round pebbles on a little island in a creek, and having found a very pretty oval pebble, conceived the idea of picking it up with the ear. One little girl, in order to facilitate the operation, placed the pebble on its end and forced the other into the meatus; and while making some awkward efforts to extract it, pushed it further in until it rested upon the tympanum; every further effort was now the cause of suffering, and it was suffered to remain. The children being fearful of rebuke, failed to communicate the accident to the older members of the family until the parts had become much swollen and excessively sensitive. In this condition the body could not be grasped by the forceps without causing great pain, so I again resorted to invention. The spear would not do, as it could not penetrate the body, the hook would not answer, as the body was a smooth cone and offered no point upon which it could be fastened, so I concluded to snare it: so, procuring a wire which had helped to form the spring of an old-fashioned suspender, I pushed a fold of it beyond the pebble, and holding one part in position by a slip of polished reed, by means of another brought the wire round the upper portion of the cone, and then by twisting the ends together made it embrace the pebble, so as to enable me to extract it with very little difficulty.

Since then I extracted a large bean from a little fellow's nose by the same snaring process.

The next case I will mention did not require much skill of execution, but a good deal of presence of mind and promptitude of action. While casually in a neighboring village to where I then lived, while walking down the street, a lady and two grown daughters came rushing out of their house, screaming most frantically, and exhibiting every other sign of intense mental agony and affright. I knew them well and demanded the cause of alarm, but failing to attract attention, I at once entered the apartment I had seen them emerge from, and passing on through open doors at length reached the nursery, where I found the youngest, a fine boy of some six months, laying on the floor apparently quite dead. Perceiving from the color that it was asphyxiated, I suspected it might be choked, and thrusting a finger into its mouth discovered a tough mass completely filling up the posterior fauces, and hermetically sealing the glottis. I soon succeeded in loosening and detaching it, and then set up artificial respiration by connecting its lungs with mine. After a few inflations I had the satisfaction of perceiving spasmodic efforts at respiration, and by the time its mother had screamed up a respectable crowd to condole with her for the loss of her youngest born, I was prepared to return it to her alive, and change the proffered sympathy into a burst of gratulation. In this case the child had been fed with clammy biscuit, which by a sucking motion of the tongue had been plastered upon the roof of the mouth, until by additions it excited a violent effort to swallow, but it was no go—a mere projection from the mass entered the œsophagus, leaving the main body nicely fitting over the orifice of the windpipe.—*Nashville Journ. Med. and Surg.*

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

FIFTIETH SESSION, 1856-57.

The Annual Course will commence on Monday, October 20, 1856, and continue until March 12, 1857.

FACULTY.

THOMAS COCK, M. D., President of the College.

EDWARD DELAFIELD, M. D., Vice-President of the College, and Professor Emeritus of Obstetrics.

ALEX. H. STEVENS, M. D., LL. D., Professor Emeritus of Surgery.

JOHN TORREY, M. D., LL. D., Professor Emeritus of Chemistry and Botany.

JOSEPH M. SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D. (of the Cleveland Medical College, Ohio), Lecturer on Chemistry.

FEES.—Matriculation Fee, \$5. For a full Course, \$105. Graduation Fee, \$25.

A Preliminary Course of Lectures will be given from 22d September to 20th October; this Course will be free to the matriculated students of the College.

Regular clinical instruction will be given at the New York Hospital, Bellevue Hospital, and the Eye Infirmary; admission to each free.

Professors Smith and Parker belong to the staff of the New York Hospital, and Professors Parker and Clark to that of Bellevue Hospital.

There will be at least three Cliniques weekly at the College.

The Professor of Obstetrics will furnish obstetrical cases to the advanced students.

The Dissecting room is not surpassed by any in the country, and material will be abundant.

The ensuing Course will be given in the new College Building, East 23d street, corner of Fourth avenue.

R. WATTS, M. D.,

Dean of the Faculty.

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.

NINETY-FIRST SESSION (1856-57).

The Lectures will commence on Monday, October 13, and continue until the middle of March.

ROBERT HARE, M. D., Emeritus Professor of Chemistry.

WILLIAM GIBSON, M. D., Emeritus Professor of Surgery.

SAMUEL JACKSON, M. D., Professor of Institutes of Medicine.

GEORGE B. WOOD, M. D., Professor of Theory and Practice of Medicine.

HUGH L. HODGE, M. D., } Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M. D., } Professor of Materia Medica and Pharmacy.

ROBERT E. ROGERS, M. D., Professor of Chemistry.

JOSEPH LEIDY, M. D., Professor of Anatomy.

HENRY H. SMITH, M. D., Professor of Surgery.

WILLIAM HUNT, M. D., Demonstrator of Anatomy.

Clinical Instruction is given at the Pennsylvania Hospital, and at the Philadelphia Hospital.

Clinical Instruction is also given, throughout the Session, in the Medical Hall, by the Professors.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open after the middle of September.

Fees for the Lectures (each Professor \$15) \$105

Matriculation Fee (paid only once) 5

Graduation Fee 30

R. E. ROGERS, M. D., Dean of the Medical Faculty,
University Building.

F. B. DICK, Janitor, University Building.

Aug 13 1856

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